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of Ontario



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(Hansard)**

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(Hansard)**

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Lundi
11 décembre 2017

Speaker: Honourable Dave Levac
Clerk: Todd Decker

Président : L'honorable Dave Levac
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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 11 December 2017

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 11 décembre 2017

The House met at 1030.

The Speaker (Hon. Dave Levac): Good morning. Please join me in prayer.

Prayers.

INTRODUCTION OF VISITORS

Mr. Lorne Coe: I'm pleased to introduce to the Legislature Roland Goreski, the owner and general manager of Campkin's RV Centre in Whitby, and Natalie Conway, the executive director with the Ontario Recreation Vehicle Dealers Association. Welcome to Queen's Park.

Hon. Kevin Daniel Flynn: Please welcome to Queen's Park Manual Tavares, along with his mother, Monika, from the riding of Oakville. Please welcome them to Queen's Park.

Mr. Arthur Potts: I want to give a big shout-out to Toronto Football Club, who on Saturday won the MLS Cup. Who can forget that great goal by Jozy Altidore? Alex Bono just pushing them out of the net; no one scored on him.

The Speaker (Hon. Dave Levac): Introductions. Are they here?

Mr. Arthur Potts: Victor Vazquez got the second goal in overtime and Michael Bradley, what an incredible leader—

The Speaker (Hon. Dave Levac): Thank you. Line up for a statement.

The member for Hamilton Mountain.

Miss Monique Taylor: It truly is an honour to welcome a guest with us today. Her name is Tracy Schmitt, but she is better known as "Unstoppable Tracy." She is an international inspiration for people living with disabilities. Welcome to Queen's Park.

Hon. Steven Del Duca: I actually have three separate introductions. First, I'm very happy to welcome to the gallery Maria Palma Vito, who is here with us today.

Also, I don't know that they're in the gallery just yet, but they will be soon—they're certainly in the building—the grade 12 civics class from St. Robert Catholic High School in my riding of Vaughan with their teacher Mr. Vito Totino.

I also want to say, because he had such a fantastic time with us last Monday in the east members' gallery, my father, Ben Del Duca, is back for a repeat engagement to witness question period yet again today.

Mr. Percy Hatfield: I have two good friends here today from the riding of Halton: 11-year-old Sienna Sovereign is in the House today for her first question

period, and she's with her uncle Brian Tropea, who many of us know as the general manager of the Ontario Harness Horse Association. Welcome to Queen's Park.

Hon. Bill Mauro: This morning, the Ontario Home Builders' Association hosted a breakfast here in the legislative dining room. I was pleased to be there and to deliver some remarks. I welcome their president, Pierre Dufresne, who is in the members' gallery.

I was about to make introductions on behalf of the Minister of Indigenous Relations and Reconciliation, the member from Willowdale, but I see that he has just walked in, so I'm going to pass him this note right now, although he hasn't paid any attention to me just yet.

Mr. Percy Hatfield: At the Ontario Home Builder's Association breakfast this morning: Joe Vaccaro will be here today, as well as Louie Zagordo from Sudbury, and, from Hamilton, Suzanne Mammel and Brandon Campbell. I'll be meeting with them later. Welcome to Queen's Park.

Hon. Kathleen O. Wynne: There's a group of students here today from Bayview Glen private school in my riding, and I want to congratulate them because they won first place out of 32,000 other robotics teams worldwide.

The adult mentors and teachers and parents are Eric Borromeo, Brittany Camilleri, Peter Rossos, Marco Filice, Galina Djambova, Carol Cheung, Angelina Lee, Gillian Ng and Ms. Karen Horsman. The Ctrl-Z student team members are Matthew Wong, Harrison Cazzin, Alex Alexiev, Chloe Filice, Trent Rossos, Brianna Gonzalez and Daniel Gonzalez.

Welcome to Queen's Park and congratulations.

Ms. Cindy Forster: We have some very important people here today from the Rotary Youth Exchange. We have Nicholas Bodo from the Rotary Club of Welland and Mike Taylor from the Rotary Club of Fonthill. The youth exchange students are Federico Roman Holt from Paraguay, Anna Antalfalvi from Hungary, Heloise Blais from France and Manon Hody from Belgium. Welcome to Queen's Park.

Hon. Kathryn McGarry: I'd like to welcome very good friends of mine in the members' east gallery this morning, John and Diane Jolliffe.

I also wanted to say a special hello to Unstoppable Tracy, whom I met in Cambridge a mere two weeks ago. Lovely to see you again.

Ms. Cheri DiNovo: It's my delight to introduce three generations of my cousins: Celine DiNovo, first cousin; Chad DiNovo, second cousin; and Chad's baby, Maria Cristina, third cousin.

Hon. Reza Moridi: Please join me in welcoming His Excellency Niels Abrahamsen, ambassador of Denmark, as well as Mr. Niels Kristensen, consul general of Denmark in Toronto. Please welcome them to Ontario.

Hon. Michael Coteau: I'd like to welcome Margaret and Mark, the parents of Morgan Stahl, who works for me at the ministry. Thanks for being here and welcome to the Legislature.

Mr. Arthur Potts: I want to welcome students from the grade 12 civics class from East York Collegiate Institute, home of the Goliaths and the Athenas, and their teacher Christina Ganev. Welcome to Queen's Park.

Hon. David Zimmer: I would like to introduce page Olivia McCormick. Her father, Kevin, is in the gallery; her grandparents Noveen and Brendan; two uncles, Joseph McAdam and Mike McCormick; and a cousin, Sophia Baker. Welcome to the Legislature.

REPORT, FINANCIAL ACCOUNTABILITY OFFICER

The Speaker (Hon. Dave Levac): Seeing no further introductions, I beg to inform the House that the following document was tabled: report on the economic and fiscal outlook, fall 2017, from the Financial Accountability Office of Ontario.

ORAL QUESTIONS

ENERGY POLICIES

Mr. Todd Smith: Good morning, Speaker. My question today is for the Premier.

Last week, we learned that nine companies bilked Ontario electricity customers out of \$265 million. Now we know that one of those companies is run by your government: Ontario Power Generation. OPG's turn at the trough cost electricity ratepayers tens of millions of dollars in inappropriate expenses. That's after your government, Premier, was warned five times about the program that OPG was abusing.

1040

My question to the Premier is this: Did her government ignore warnings from the energy board because they enjoyed collecting the money that OPG was wrongfully taking from electricity customers?

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Glenn Thibeault: We're confident in the Ontario Energy Board and our system operator to run an efficient, reliable and fair electricity market for ratepayers across the province. Both the Real-Time Generation Cost Guarantee program and the congestion management settlement credits play an extremely important role in our electricity system. These programs are required to keep the electricity system reliable for families and businesses across the province, and stable for our neighbours

in other jurisdictions. If these programs were eliminated, reliability would be put at risk.

When it comes to OPG, they released a statement. What they said was that in respect of some of what they thought were eligible costs, OPG repaid certain costs and claimed amounts after discussions concluded on what constituted eligible costs. OPG promptly repaid the amounts to the IESO in full in 2015.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Todd Smith: Back to the Premier: The Minister of Energy may be confident in OPG, but the people of Ontario and the official opposition have no confidence—none—in this government to keep a watchful eye on what's happening, especially in the energy sector.

The energy board issued five warnings to four different Ministers of Energy and two different Premiers about the program that OPG was abusing. The government ignored all of them. Now we find out that the government benefited to the tune of tens of millions of dollars. This at a time when electricity prices were skyrocketing, 600,000 Ontarians were behind on their bills and 60,000 were being cut off.

Speaker, four ministers were warned, and three of them are still in Premier Wynne's cabinet. How much would electricity ratepayers have to be out before the Premier finally held someone accountable?

Hon. Glenn Thibeault: Abuses within the system are completely unacceptable. That's why the system operator has investigated those market participants. Where significant wrongdoing was present, compensation has been recovered and returned to ratepayers; \$168 million of the \$200 million in ineligible costs have been recovered by the IESO.

The total annual costs for the Real-Time Generation Cost Guarantee program are now \$23 million, down significantly from \$61 million in 2014. Also, according to the December 2016 market surveillance panel report, many of the most problematic issues associated with the congestion management settlement credits regime have been brought to an end, in large measure as a result of the panel having identified these situations and the IESO having acted to eliminate them.

The Auditor General says that our system operator doesn't act when the board's market surveillance panel makes a recommendation, but the panel itself disagreed.

The Speaker (Hon. Dave Levac): Final supplementary.

Mr. Todd Smith: The energy minister said a lot right there, but what he didn't say was that he was going to go back and try to get the \$92 million that's still outstanding. Electricity customers in Ontario have overpaid by that much, and energy minister after energy minister after energy minister after energy minister—four of them—and two Premiers sat by idly and did nothing, despite the warnings.

As late as September 2016, IESO was still being told at public meetings that this program was a problem. When we tried to have the justice committee review the IESO this October, what did the government do? They

said no and stood firmly against accountability. The Liberals didn't want electricity customers to know that they were benefiting from this abuse of the program.

Speaker, the Premier has shown that she thinks she's above accountability. Does she actually think she's above the law, too?

Hon. Glenn Thibeault: As stated before, abuses within the system are completely unacceptable. That's why we have our system operator act on these programs and that's why the system operator investigated those market participants, where there was significant market wrongdoing present. Compensation has been recovered and has been returned to ratepayers. One of the most egregious was fined a record \$10 million to make sure that we can recoup those costs for all ratepayers.

But again, Mr. Speaker, more program updates are on the way in the form of market renewal. That again is rebuilding the foundation, which will also increase the flexibility and efficiency within Ontario's electricity market. The market renewal initiative is expected to result in a more competitive marketplace that meets our system needs while increasing flexibility and efficiencies, and we'll always rely on the OEB and the system operator to keep the system in check.

SMALL BUSINESS

Mr. John Yakabuski: My question is also for the Premier. Last week, the member from Barrie lashed out at small business owners concerned about the impact of a 32% increase in the minimum wage. She told business owners that they shouldn't be operating if they can't afford it. A member of this government thinks struggling business owners should just shut up and close their doors.

Speaker, is that the official position of this government, or will the Premier insist that the member from Barrie apologize to all struggling business owners across this province?

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. Be seated, please. Be seated, please. Thank you.

Premier?

Hon. Kathleen O. Wynne: Thank you very much, Mr. Speaker. As the member opposite—

Interjections.

The Speaker (Hon. Dave Levac): This could be the beginning.

Hon. Kathleen O. Wynne: As the member opposite knows, I was not here last week; I was actually overseas, in China, Hong Kong and Vietnam. Over \$2 billion worth of economic activity, over 2,000 new jobs for Ontario: It was a very successful trade mission.

I am, however, very happy to be back to answer the member opposite's question and to say that even though I wasn't here, I am 100% certain that the member for Barrie supports small business in her community and across the province. She also supports a fair society where people can earn a living wage, look after themselves and look after their families.

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. Be seated, please. Start the clock—

Interjections.

The Speaker (Hon. Dave Levac): Tut-tut—just calming everything down.

Supplementary?

Mr. John Yakabuski: Back to the Premier: Shockingly, that wasn't the most ridiculous comment the member made that day. Lawrence Vindum is closing his butcher shop because he can't afford to operate in Liberal Ontario. The member from Barrie responds by alleging he is closing his shop and blaming the Liberals why? Because he's a Progressive Conservative. She believes Mr. Vindum is going out of business because of some grand PC Party conspiracy to blame it on the Liberals. That is absolutely ludicrous.

Mr. Vindum is heartbroken because his former employees are without jobs weeks before Christmas. Her comments were disrespectful. They were shameful. Mr. Vindum deserves an apology and an explanation. We'd love to hear that right now.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Be Thank you.

Hon. Kathleen O. Wynne: We are thrilled that there are small businesses and medium-sized businesses across this province that are thriving. In fact, there were 100 delegates who travelled with us on our trade mission. There was one young man—his name is Chad Jakeman, and he processes maple syrup—who went to Vietnam with us. He signed a deal in Vietnam to bring Canadian Ontario maple syrup into Vietnam.

That's a small business, and we are doing everything in our power to support small businesses. We are also working to make sure that the people who shop at those small businesses, the people who are the customers of those small businesses, can look after themselves, can feed their families and can actually go into those businesses in Barrie and across the province and buy the products that those small businesses are selling.

The Speaker (Hon. Dave Levac): Final supplementary.

Mr. John Yakabuski: Back to the Premier: The member from Barrie isn't alone. She might truly believe that businesses should close if they can't afford to operate under your government's policies. Her colleague from Mississauga—Streetsville called the people who feel the impact of Bill 148 "bad actor" employers. The member from Beaches—East York said that they need to rethink their business plans. The Minister of Labour said that they should simply raise their prices.

It's clear the Liberal policy is to tell business owners in Ontario, "It's our way or the highway." They don't care about the jobs these businesses provide, and they don't care if these businesses close. Speaker, how many other Liberal members have told businesses in their ridings just to simply close their doors?

1050

Hon. Kathleen O. Wynne: I really believe that underlying this question is another question, and that is, does this member and does this party support a minimum wage that is a living wage? Do you support \$14 an hour? Do you support \$15 an hour?

The reality is, our economy is thriving. Ontario is leading economic growth in the country. Now is the time to increase the minimum wage so that people who are struggling to get by actually can make ends meet. I think it's important that the party opposite make it clear to the people of Ontario whether they support an increased minimum wage or whether they do not support an increased minimum wage.

Interjection.

The Speaker (Hon. Dave Levac): Be seated, please. Be seated, please.

The signalling has been very clear. We're in warnings, and I'm all over it.

New question.

ENERGY POLICIES

Ms. Andrea Horwath: My question is for the Premier. Does the Premier believe that prepaid hydro meters belong in Ontario? Does she believe we should have prepaid hydro meters in this province?

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Glenn Thibeault: Protecting Ontario's energy consumers and ensuring greater fairness across the energy system are the top priorities of this government. Hydro One, as we said before, over the last few weeks—

Interjection.

The Speaker (Hon. Dave Levac): The member from Lanark–Frontenac–Lennox and Addington is warned.

Hon. Glenn Thibeault: Thank you, Mr. Speaker. As was said before, Hydro One is exploring this technology as an effort to ensure more customer choice. This is part of a proposal that is before the Ontario Energy Board, who have to approve this technology before it's even allowed to be used. The Ontario Energy Board makes decisions and rules to ensure that consumers are treated fairly, and they will factor this in when they make their decision about this new technology.

But let me repeat, Mr. Speaker: Even if this technology is ever approved by the Ontario Energy Board, customers will have to opt in to be part of this program. Also, no residential customer will be without power during the winter months, regardless of any type of meter they choose to have in the future.

The Speaker (Hon. Dave Levac): Supplementary.

Ms. Andrea Horwath: Hydro One has filed paperwork to force families who are already struggling with sky-high hydro bills to feed the meter before they can turn on their lights. I want to ban prepaid meters from Ontario. That's why, this afternoon, I will be introducing a bill to do exactly that. Will the Premier of this province agree and support a ban on prepaid hydro meters in our province?

Hon. Glenn Thibeault: Again, even if this technology is approved by the OEB—and the OEB will review this. The OEB's mandate is to ensure that they have the ratepayers' best interests at heart. Even if they were to actually approve this, customers will then have the—

Interjection.

The Speaker (Hon. Dave Levac): The member from Timmins–James Bay is warned.

Hon. Glenn Thibeault: Again, Mr. Speaker, then it's up to the customers to choose if this is something they would like. If this is something that they want, then the customer can opt in to be part of this program. Also, as stated, no residential customer will be without power during the winter months.

This is just one of the initiatives, the options, that Hydro One is examining to offer their customers more choice on how they can manage their electricity accounts. It's important to note that this project, again, is still being reviewed by the OEB.

The Speaker (Hon. Dave Levac): Final supplementary.

Ms. Andrea Horwath: Prepaid utility meters were installed in homes across the UK under Margaret Thatcher. They were so disastrous for families that they subsequently banned them from that country, yet this Liberal Premier seems bent on allowing privatized Hydro One to use prepaid meters here in Ontario.

A lot of people might be surprised and disappointed to see the Premier following in the footsteps of Margaret Thatcher. But, then again, I don't remember her campaigning on selling off Hydro One either.

Will this Premier do the right thing and agree to ban prepaid Margaret Thatcher-style hydro meters in our province?

Hon. Glenn Thibeault: When that party had the opportunity to do the right thing and vote in favour of giving everyone a 25% reduction, they voted against it. It was this party—it was this government—that introduced the Energy Consumer Protection Act and updated it in 2015 by banning door-to-door sales for energy contracts, increasing consumer representation in the Ontario Energy Board proceedings and enhancing the authority of the OEB to further protect electricity ratepayers by boosting consumer protection.

We have made sure that we've acted on behalf of the people of Ontario. We've brought forward initiatives that will protect them and we've brought forward a program that actually reduced their rates by 25%, and even more if they're low-income individuals or individuals who live in rural or northern parts of the province.

On that side of the House, they're talking about a pie-in-the-sky program that didn't even consider First Nations or low-income individuals. We acted to make sure that we protected those people.

ENERGY POLICIES

Ms. Andrea Horwath: My next question is also for the Premier. The privatized Hydro One has applied for many rate increases already, including a plan that will

hurt First Nations communities in the Far North. It's also planning to invest more than \$6 billion in a dirty, coal-burning American power company, instead of putting that money to work right here in Ontario upgrading our power system for Ontario families. And now, instead of respecting the ban on wintertime disconnections, Hydro One is trying to find a way around it.

Why is this Premier still defending this private, for-profit company that so clearly is not working in the best interests of families and businesses in Ontario?

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Glenn Thibeault: There is no way around the law. Hydro One cannot find a way around the winter disconnection program. The law is in place. There will be no winter disconnections once it starts. They make it up as they go along; that's very clear.

When it comes to Avista, as we said before, rates won't be affected here in Ontario. It won't affect local jobs either and it doesn't affect the maintenance that Hydro One is doing day to day in Ontario, making sure that we have some of the cleanest and most reliable power in North America because we no longer have coal on our system and we're working to continue to have a partner. That's what Hydro One is doing.

When you look at Avista, they've made sure that they're lowering their consumption. But when it comes to being the tip of the spear, everyone looks to Ontario to be the example that they want to represent.

Ms. Andrea Horwath: Last week the Minister of Economic Development and Growth said this about prepay hydro meters: They're "not evil. There's nothing that affects vulnerable people in any way about this."

That's not true. When someone gets behind on their hydro payments right now, the hydro companies will work with that person. They'll work with that family to try to find an appropriate repayment schedule that works with that person's budget. But with the prepay meter, the option is completely removed. It's either feed the meter or go without power. That's what's going to happen.

How can this Premier actually endorse a plan that means vulnerable families could actually have their hydro cut off?

Hon. Glenn Thibeault: It was this Premier who actually created a plan, who worked on a plan that actually helped low-income families reduce their bills by 25% or even more, and it's that party that voted against it. It's this Premier and this government that worked on a plan that brought forward a 40% to 50% reduction for those northern and rural customers, and it's that party that voted against it.

When it comes to protecting ratepayers, when it comes to having the best interests of the people of Ontario at heart, it's this Premier and this government. The actions that we have taken are representative of that fact. When the opposition can continue to vote against things and fearmonger, that's the scary thing because, at the end of the day, there is no such plan in place.

It is being looked at right now. The OEB is considering it. And if it is considered by the OEB, then it is an

opt-in program. People will choose it if it is of benefit to them, and nobody else.

1100

The Speaker (Hon. Dave Levac): Final supplementary.

Ms. Andrea Horwath: Prepay meters are also extremely expensive to install. This Liberal government has already wasted millions on not-so-smart meters; I can't understand why they would want to repeat that unfortunate incident again.

The bottom line is that the private energy system in Ontario isn't working for families or businesses in this province. Rates have gone up 300% under this government, power producers are gaming Liberal energy regulators for millions and the private Hydro One wants to install prepay meters that would hurt vulnerable Ontarians.

Will this Premier support a ban on Margaret Thatcher-style prepay hydro meters in our province?

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Minister?

Hon. Glenn Thibeault: Once again, I need to repeat that there is no prepaid plan coming into place. The OEB is reviewing it, and they will then make a decision.

If the decision of the OEB is to allow this to move forward, they will then do this making sure that they're keeping the best interests of ratepayers at heart. It is their mandate to make sure that they keep costs as low as possible for all ratepayers.

If they do decide to do this—and that's our quasi-judicial organization that makes sure that they look at the impacts that this will have on ratepayers. If they make that decision, then it is still the customer's choice if this is something that they want to do.

There is no backroom movement like the NDP constantly say will happen; this is a plan that people will have an opportunity to choose to do if it actually gets approved and moved forward by the OEB. There still is nothing moving forward on this.

GOVERNMENT FISCAL POLICIES

Mr. Victor Fedeli: My question is for the Premier. This morning, the Financial Accountability Office released another indictment of this government. They said, "Additional measures to raise revenue or lower spending will be required if the province intends to achieve ... a balanced budget."

The Premier called the media from China to say that she can't understand how anyone can find any savings, yet last week, the Auditor General found \$1 billion in savings in one report alone in just 14 programs. Speaker, the PC plan will look to save two cents on every dollar that is spent.

To the Premier: Why is this government mired in waste, scandal and mismanagement instead of helping Ontario's families?

Hon. Kathleen O. Wynne: I want to thank the FAO for his report. He actually confirms that Ontario's economy is growing, and he expects this growth to continue. He also confirmed that under the accounting presentation that we've been using for the last 16 years, the budget is balanced and, in fact, there's a small surplus for 2017-18. So the report actually shows that our plan is working: The economy is growing, our unemployment rate is the lowest it has been in 17 years and more than 843,000 net new jobs have been created since the recession.

But the fact is that we continue to work to create more fairness in this province. The reality is that there are still people who are not feeling the benefit of that economic growth. That's exactly why we're raising the minimum wage, exactly why OHIP+ will be in place as of January 1, and it's—

The Speaker (Hon. Dave Levac): Thank you. Supplementary?

Mr. Victor Fedeli: Back to the Premier: Well, the FAO delivered a blistering indictment, so it's obvious that the Premier read a different report than everybody else.

The PC plan is different from the Liberal plan. The Financial Accountability Office said that the government must either raise revenues or lower spending. The Ontario PC plan will find two cents on every dollar through eliminating waste this government doesn't even believe exists.

The Premier says savings are impossible. Well, if they can't see how to lower spending, Speaker, then the Premier must be raising taxes. To the Premier: Will we know before or after the election which taxes they intend to raise?

Hon. Kathleen O. Wynne: Mr. Speaker, the member opposite is part of a party that has promised that they would cut \$12 billion out of health care and education and services in this province—\$12 billion. That would mean that in every community across this province the impact of those cuts would be felt. So if the member opposite is asking whether we support cutting \$12 billion out of programs and services in this province, the answer is no.

We're very appreciative of the FAO's report. We're very appreciative that he recognizes the economic growth that we're seeing in this province, that he recognizes that the budget is balanced.

We're going to continue to invest in the province and not cut \$12 billion out of—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock.

Be seated, please.

New question.

HOSPITAL SERVICES

M^{me} France Gélinas: Ma question est pour la première ministre.

Last week, Holly Pothiah went to Brampton Civic Hospital. She was diagnosed with pneumonia. At that very scary moment, when she needed a hospital bed, she

was told that Brampton Civic Hospital was too overcrowded and could not take any more patients.

Just imagine, Speaker, having pneumonia and being told that you can't get a hospital bed, being told that the hospital is so overcrowded that it cannot help you.

Holly was sent by ambulance to the emergency department at Etobicoke General Hospital. That's where she spent two days and a night, in a crowded hallway with many other patients and a warning sign rather than an isolation room.

Why is this Premier letting down people like Holly by failing to stop the crisis of hallway medicine inside Ontario's overcrowded hospitals?

Hon. Kathleen O. Wynne: Deputy Premier.

Hon. Deborah Matthews: Thank you for this question.

We strive to have the very best health care system in the country. We actually do have the very best health care system in the country. But we know we constantly need to respond to increases in population, to other factors that increase demand on hospitals. That is exactly why we're investing \$140 million in the hospital, home and community sectors to open new beds, new spaces to meet the needs of patients and build capacity across the continuum.

We have an excellent health care system. People in Ontario rely on it. They know it is excellent. But we need to be constantly responding to the changing demand, and that's exactly what we are doing.

The Speaker (Hon. Dave Levac): Supplementary?

M^{me} France Gélinas: The Premier's temporary beds are not a real solution. Holly knows that. Respected health care experts are saying the exact same thing.

Dr. Paul Pageau, president of the Canadian Association of Emergency Physicians, says that funding for temporary beds "doesn't seem to match up with what a normal hospital bed would be funded at."

Dr. Doris Grinspun, CEO of RNAO, says, "We will not succeed to staff those surge capacity beds because people want permanent full-time work," not part-time positions that only last a few months.

Why won't this Premier listen to the patients, listen to the leaders in health care and fund the permanent beds, with full-time nurses, that Ontario needs to stop this dangerous overcrowding in our hospitals?

Hon. Deborah Matthews: Maybe these numbers speak for themselves: We're making over 2,000 additional beds and spaces available this year to improve access to care for patients and families and to reduce wait times. That includes 1,200 additional hospital beds. That is the equivalent of building six new hospitals.

In addition to that, we're building affordable housing for seniors who need additional support so they can get out of the hospital and into a home and make room for someone who needs that hospital care.

We're creating transitional care spaces for up to 1,700 patients who don't require care in a hospital.

We're reopening 150 beds at Humber River Hospital—a decision that party ridiculed, Speaker—and 75 more beds at UHN's former health care site.

We are committed to ensuring excellent care.

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INTERNATIONAL TRADE

Ms. Soo Wong: My question is for the Minister of International Trade. Along with my residents of Scarborough—Agincourt, I was closely watching the government's trade mission to China and Vietnam. These missions are always exciting because they not only promote Ontario on a global scale; they bring foreign investment, fuel economic growth and enhance research collaboration. They also highlight the great talent we're building right here in Ontario.

With greater access to diverse markets come greater opportunities for Ontario businesses, workers and consumers. In Ontario alone, Mr. Speaker, international exports account for 36% of the GDP. Scarborough—Agincourt residents know that diversifying our trading partners with the goods and services in which we trade is paramount. Our government's plan to diversify our trade is an integral part of a prosperous Ontario and we are now seeing this being implemented right now.

Speaker, through you to the minister, can he please share with the House the success of the recent trade mission to China and Vietnam?

Hon. Michael Chan: Speaker, it's great to be home. I'd like to thank the member from Scarborough—Agincourt for asking this question. Now, more than ever, Ontario's priority must lie in diversifying our trade routes. It is why the Premier and I, along with a delegation of over 100 businesses, travelled to China and Vietnam. This was the first Premier-led mission to China and Ontario's first ever trade mission to Vietnam.

Delegates met with local companies and institutions through the many business-to-business sessions and site visits. This mission spanned seven different cities, with focused delegations in medical technologies, science and technology, and the agri-food sector. Speaker, overall, the trade mission illustrated Ontario's world-class education system, our competitive business environment, talented workforce, and leadership in developing innovative technologies.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Soo Wong: Thank you to the minister for his response. It is remarkable to hear Ontario is expanding its global footprint. I know that such achievements positively affect all of Ontario and especially my constituents of Scarborough—Agincourt. With China being Ontario's second-largest single-nation trading partner and Vietnam a growing nation bursting with potential, Ontario is taking full advantage through our trade missions to create new relationships and strengthen existing bonds.

I was very excited, Mr. Speaker, to hear Ontario held meetings with BYD, Geneseeq and Johnson Electric. These businesses have committed to continue growing

their businesses here in Ontario, fundamentally demonstrating a stronger confidence in our economy and our talented workforce. These trade missions are tangible evidence of our province and Ontario businesses working together to demonstrate opportunities for growth here in Ontario.

Speaker, through you to the minister, can he please inform the House of the achievements made during this trade mission that will directly affect Ontario's workforce?

Hon. Michael Chan: I'm very, very proud to announce that Ontario companies and institutions signed an unprecedented amount of agreements valued at about \$2.3 billion to create an expected 2,300 jobs in our province.

Speaker, I would like to highlight a few of our accomplishments:

(1) A subsidiary of Feihe International will set up Kingston's first baby formula production facility which will create up to 277 jobs.

(2) Xinyi Glass Holdings has selected Ontario for its North American facility with a \$450-million investment.

(3) Amway China will be hosting their 25th anniversary leadership seminar in Ontario. This event is expected to bring 10,000 people here to Ontario.

Our government is at the forefront of business and we are prepared to navigate new opportunities.

HOSPITAL FUNDING

Mr. Michael Harris: My question is to the Premier. As our St. Mary's hospital cardiac care providers earn national recognition for some of the best cardiac services in Canada, patients in Waterloo region are wondering where their Liberal government is to support those services. January will mark another calendar year with patients still facing long wait times before getting bused out of the region for cardiac electrophysiology. It also marks five years—five years—since the Liberal government promised funding for an urgently needed, still undelivered EP lab at St. Mary's.

Speaker, the People's Guarantee prioritizes cardiac care with a commitment to expand cardiac centres in the province. Will the Premier end the dangerous waiting game and commit to expand Waterloo region cardiac care, shovels in the ground, for the St. Mary's EP lab before the year is out—2017?

Hon. Kathleen O. Wynne: Deputy Premier.

Hon. Deborah Matthews: Speaker, I know that the minister will be more than happy to answer the specifics of St. Mary's, but I do know that is a project that is under way.

I know the member opposite will be very interested to hear, generally speaking, about our health care system and how we're doing when it comes to wait times. The Fraser Institute has recently announced how Ontario is doing relative to other provinces. We are only one of two provinces in Canada to improve from 2016 to 2017. We have the shortest wait times from GP to specialist, the

shortest wait times in the country from specialist to treatment. We have the shortest wait times for CT scans and the shortest wait times for MRIs. We have the shortest wait times for ultrasounds, the shortest wait times for radiation oncology, the shortest wait times for general surgery and the shortest wait times for gynecological procedures. I know the—

The Speaker (Hon. Dave Levac): Thank you. Supplementary?

Mr. Michael Harris: Well, cardiac patients in the Waterloo Wellington LHIN and surrounding area are continuing to wait and wait and wait. And so, how many times do we have to stand up—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. The member from Kitchener Centre is warned.

Question?

Mr. Michael Harris: How many times do we have to stand up to this Liberal government just to get the vital services that they in fact committed to in 2012? How many more patient bus trips out of the region? How many more rides will this government take us on that end back where we started?

Despite ministry staff admitting that yes, there would be a letter at the time approving the project last year, no tenders have gone out to move us ahead. In fact, since then, the ministry has used a separate St. Mary's request on top of the undelivered EP lab as an excuse to move the entire project right back to the starting line.

Let me make this simple to the Premier: This cardiac EP lab had already been approved. The Liberals promised it back in 2012 and again in 2016. Will the Premier tell the people of Waterloo region exactly when their promised critical care cardiac lab will be up and running? When?

Hon. Deborah Matthews: Speaker, as I said, this is a project that is moving forward. We have put \$7 million and the tendering work is under way. But let's think about what would happen under a PC government if they were to be elected. They have promised \$12 billion in cuts. Some of that must come from health care. They've promised 15,000 long-term-care beds, but have allocated money for 1,000. Promised 15,000, and money for—

Interjections.

The Speaker (Hon. Dave Levac): I have a handful I could actually warn.

Hon. Deborah Matthews: They promised to make a historic investment in mental—

Interjection.

The Speaker (Hon. Dave Levac): The member from Stormont–Dundas–South Glengarry is warned.

Hon. Deborah Matthews: They promised a historic investment in mental health. That investment is one fraction—one fifth—of what we have done over the last 10 years. The only thing historic about it is that it's historically—

The Speaker (Hon. Dave Levac): Thank you. New question?

COLLEGE STUDENTS

Ms. Peggy Sattler: My question is to the Premier. Students across Ontario will forever remember 2017 as the year they gave up their dreams of a college education because of the Premier's refusal to use her influence and legislative authority to facilitate college collective bargaining. Following the December 5 deadline for tuition refunds, the media is—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. The member from Ancaster–Dundas–Flamborough–Westdale is warned. Finish.

Ms. Peggy Sattler: The media is reporting that thousands of college students have asked for their money back and are dropping out altogether. We don't know exactly how many because the government is stalling on releasing the tuition refund numbers nearly a week after the deadline.

Speaker, Ontarians deserve to know the full impact of this government's inaction to end the college strike. Will the Premier release the tuition refund numbers today?

Hon. Kathleen O. Wynne: I know that the Minister of Advanced Education and Skills Development is going to want to speak to the specifics, but let me just say that I know that there are students and professors and instructors all over the province who are working to make up that time. It was unfortunate that students were out of the classroom; I know that they are working very, very hard to get all of that work in place.

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But I think what's interesting is that a member of the New Democratic Party is proposing that we should have used legislative authority earlier in the process to undercut the collective bargaining process. That really is a pretty counterintuitive position for an NDP member to take.

I just want to say, Mr. Speaker, that we support all of the young people, all the students who are working hard now, and we wish them all the best. There is funding, and I know the minister will speak to that in the supplementary.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Peggy Sattler: I want the Premier to know that facilitating collective bargaining is very different from legislating workers back.

Speaker, here's what we know from the media: More than 1,500 students have withdrawn from Centennial and one third have no plans to return; close to 2,000 students have withdrawn from Fanshawe and about half do not plan to return; 1,200 students have withdrawn from Conestoga; 1,200 from St. Clair; 1,100 from Georgian; nearly 1,000 each from Mohawk and Niagara; and almost 1,200 students from the five northern Ontario colleges, which is more than double the average attrition rate. There's likely to be another wave of withdrawals before semester two, from students who attempted the first semester but struggled with the compressed content.

Speaker, think of the huge loss of talent this represents. Does this Liberal government have a plan to support these students to return to college?

Hon. Kathleen O. Wynne: Minister of Advanced Education and Skills Development.

Hon. Deborah Matthews: I have to say I am mystified by this question, because that was the party who time and time again voted against getting students back to the classroom. That's what they did. Everyone was here. Hansard actually records that the NDP, on record—

Interjections.

The Speaker (Hon. Dave Levac): The member from London West is warned. Your seatmate is there too, pretty close.

Hon. Deborah Matthews: The NDP is, on one hand, on record as saying that they would never legislate back, ever, so we'd still have a strike. Then we hear we should have used those legislative tools earlier and legislated them back earlier.

The important thing is, the students suffered from this. We've given them the opportunity to do what is right for them. Some of them have chosen to withdraw, and they got full tuition refunds. They can restart. We are encouraging that. We want them back in college and colleges want them back, so we're going to work together to get students who did choose to drop out to—

The Speaker (Hon. Dave Levac): Thank you. New question?

AFFAIRES FRANCOPHONES

M. Shafiq Qaadri: Ma question est pour la ministre des Affaires francophones, l'honorable Marie-France Lalonde. J'aimerais exprimer aujourd'hui ma fierté envers notre gouvernement qui met tout en oeuvre pour donner aux Franco-Ontariens et Franco-Ontariennes les outils dont ils ont besoin pour rayonner et pour s'épanouir. Notre gouvernement a fait de l'équité dans notre province son cheval de bataille. L'équité, c'est aussi s'assurer que plus de 600 000 francophones aient l'appui nécessaire pour continuer à être membres à part entière de notre province en français.

Est-ce que la ministre des Affaires francophones peut nous rappeler notre engagement envers la communauté franco-ontarienne?

L'hon. Marie-France Lalonde: J'aimerais remercier le député d'Etobicoke-Nord pour sa question.

Depuis quelques mois, jamais les Franco-Ontariens n'ont bénéficié d'autant d'avancées. Le gouvernement est mobilisé à travers les différents ministères pour renforcer notre communauté. Je pense aux avancées en santé, avec un sous-ministre adjoint dédié aux services en français; en immigration, avec un comité aviseur et des missions au Maroc et en Algérie; en justice, avec un projet pilote devenu permanent à Ottawa sur l'accès en français; en culture, avec une bonification du financement du CAO et le financement de la Place des Arts de Sudbury; en éducation, avec l'université de langue française et le transfert de gouvernance du Centre Jules-Léger; et aux

affaires francophones, avec un tout nouveau fonds dédié aux francophones, une visibilité incomparable à l'international grâce à l'OIF et un ministère à part entière.

Monsieur le Président, c'est notre gouvernement, le gouvernement de Kathleen Wynne, qui travaille avec les Franco-Ontariens.

Le Président (L'hon. Dave Levac): Question?

M. Shafiq Qaadri: Premièrement, monsieur le Président, je voudrais remercier la ministre pour sa « dédicace » et aussi pour cette liste substantielle pour les francophones de l'Ontario.

Avec ce que vient de nous dire la ministre des Affaires francophones, il n'y a aucun doute dans mon esprit que c'est avec notre gouvernement que les francophones sont les mieux positionnés. Ce gouvernement continue de démontrer son engagement concret envers les Franco-Ontariens et les Franco-Ontariennes.

Est-ce que la ministre des Affaires francophones peut nous en dire davantage sur l'importance des Franco-Ontariens pour notre gouvernement?

L'hon. Marie-France Lalonde: Encore une fois, je remercie le député d'Etobicoke-Nord pour cette question. Dans son cheminement, il a toujours été la voix des francophones pour sa communauté et partout en Ontario.

Monsieur le Président, je dois vous le noter, j'ai pris connaissance d'un petit paragraphe perdu dans le magazine présenté par le parti de l'opposition officielle. Puis, je dois vous avouer ma surprise et ma déception pour les Franco-Ontariens d'une telle absence de vision et de compréhension de leurs priorités. L'opposition officielle mentionne l'université de langue française, un projet majeur de notre gouvernement qui est déjà en cours et sur le point d'aboutir. Tout ce qu'on voit dans l'engagement de l'opposition officielle sont de vagues références qui démontrent une ignorance sur les besoins et les défis des Franco-Ontariens.

Je veux vous assurer que de notre côté, notre gouvernement, nous nous sommes engagés de manière concrète envers la communauté francophone.

MENTAL HEALTH SERVICES

Ms. Sylvia Jones: My question is for the Premier. This morning's Globe and Mail article reinforced what many of us have known for years: If you need mental health care in Ontario, you will end up on a waiting list.

According to a study in the Canadian Medical Association Journal, the majority of people treated in emergency after a suicide attempt are not seen by a psychiatrist for six months. Mental health needs to be treated as seriously as physical health. Yet, in Ontario, people are waiting months for their first appointment.

Under the People's Guarantee, the Progressive Conservative Party has made a commitment of \$1.9 billion additionally for mental health services. Understanding that people are not getting the care they need when they need it, will the Premier match our commitment?

Hon. Kathleen O. Wynne: I know that the Deputy Premier will want to comment in the supplementary, but the fact is that the promise that the party opposite has made is woefully inadequate. Over the last 10 years, we've invested \$10 billion. We will continue to invest in mental health supports across this province.

We know, Mr. Speaker, that there is more that has to be done. Over the last decade, there has been a huge increased awareness of mental health in this province, and quite frankly, across the country. We will continue to make record investments in mental health, as we have done for the last decade.

To suggest that \$1.9 billion is adequate as an increase over the next number of years—it's just not. It's not adequate, and we need to continue to make increased investments.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Sylvia Jones: If you don't think \$1.9 billion in additional funding for mental health services in Ontario is going to make a difference, you need to get out of Queen's Park and talk to the—

Interjection.

The Speaker (Hon. Dave Levac): It's an odd request of the member from the same place where the question is coming from not to heckle the member who's asking the question—kind of odd.

Finish, please.

Ms. Sylvia Jones: You need to talk to the families who are desperate for help. You need to talk to the individuals who are waiting on those wait-lists, who have had a suicide attempt, Premier, and who don't get to see anyone for six months.

The Speaker (Hon. Dave Levac): To the Chair, please.

Ms. Sylvia Jones: It's \$1.9 billion in additional funding for mental health. The study outlines that only 40% of those who attempted suicide saw a psychiatrist within six months of their emergency room visit. That's 45,000 individuals in Ontario without the care they need when they need it. Ontarians' mental health system is in crisis, and that's why Patrick Brown and the PC Party have committed to the largest provincial investment in mental health in Canadian history. That—

The Speaker (Hon. Dave Levac): Thank you, Premier?

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Hon. Kathleen O. Wynne: The fact is that mental health has been a hidden issue in the health care system for decades. That's the reality. There's actually no argument among any of us in this House that there needs to be increased funding, which is why over the last decade we have invested \$10 billion.

We continue to increase the amount of funding that goes into mental health supports, so when I say that \$1.9 billion is inadequate, I mean just that. I mean that there is going to need to be increased funding over the next—

Mr. John Yakabuski: Don't misrepresent what our policy says.

The Speaker (Hon. Dave Levac): The member for Renfrew–Nipissing–Pembroke will withdraw.

Mr. John Yakabuski: Withdraw.

Interjection.

The Speaker (Hon. Dave Levac): The Minister of Indigenous Relations and Reconciliation is warned. Anyone else want to comment? Good.

Premier, you may finish.

Hon. Kathleen O. Wynne: Mr. Speaker, we recognize that there needs to be increased funding over the next decade, and we have made commitments. You can look at our record: \$10 billion over the last 10 years, and that funding will continue to increase.

Hon. Deborah Matthews: Over and above.

Hon. Kathleen O. Wynne: That is over and above the money that was committed. We will continue to invest in mental health, because it is increasingly a challenge across the province to meet the needs of—

The Speaker (Hon. Dave Levac): Thank you.

New question.

CORRECTIONAL FACILITIES

Ms. Andrea Horwath: My question is for the Premier. Two years ago, in 2015, a riot resulted in a hostage-taking of a corrections officer at the Thunder Bay jail. In May, the minister said that a new jail was coming to replace the badly overcrowded, wholly inadequate 100-year-old facility there.

How much longer do the corrections officers, the staff and the inmates have to continue to struggle in a jail that's considered a powder keg?

Hon. Kathleen O. Wynne: Minister of Community Safety and Correctional Services.

Hon. Marie-France Lalonde: I thank the member for her question. Certainly every time an incident occurs in any of our institutions, it gives me great concern, and certainly a desire to see how we can improve the situation. When I look at the work in the past few months, we've worked very closely with each institution, and each of our correctional officers, men and women, the correctional staff who work in our institutions, in improving and in working together.

We committed to transformational change. We made a commitment to bring forward a brand new facility in Thunder Bay, and we are working very closely with local representatives from the jail and area individuals. For me, moving forward in corrections means transformation, and not only just saying it, but acting on it.

Ms. Andrea Horwath: Speaker, there was a rally last week in Thunder Bay, because nothing has changed in terms of the conditions of that jail. When I was in Thunder Bay last week, I learned that all of the conditions that led to the riot, the hostage-taking and the years-long isolation of Adam Capay still exist at the Thunder Bay jail.

The 100-year-old Thunder Bay jail is not designed for the number of inmates that it houses. There are staff shortages, inadequate equipment and no sign that this

Liberal government is doing anything but pushing the problem down the road. When can the people of Thunder Bay expect shovels in the ground on their new facility?

Hon. Marie-France Lalonde: Mr. Speaker, let me be very, very clear: We have agreed that the system needed to change. The system needs improvement. We have not shied away from this. This is actually why we brought in an independent reviewer, Mr. Howard Sapers, who brought us recommendations, and we are working through those recommendations, not only acknowledging that we need to bring infrastructure to the system, but also bringing new legislation, changing the way we identify, for instance, segregation.

I was also very proud of being part of an award recognition the Premier and I attended, where we recognized the great, courageous work that took place on that special night in Thunder Bay, with all these wonderful workers that worked that night. We did this because we appreciate and value the work. We made the announcement for new infrastructure, and we will be moving forward in that transformation.

CLIMATE CHANGE

Ms. Ann Hoggarth: My question is for the Minister of the Environment and Climate Change. Last month, leaders from around the world attended the COP 23 in Germany to discuss solutions to climate change. The Minister of the Environment and Climate Change was in attendance and was able to share Ontario's environmental initiatives on the world stage.

The minister participated in the first international meeting of the Powering Past Coal Alliance and was able to showcase Ontario's actions to eliminate coal, including shutting down coal-fired generation in Ontario. That action alone is one of the largest-ever greenhouse gas reduction initiatives in North America. It's equivalent to taking seven million vehicles off the roads.

Can the minister please describe Ontario's role as an international leader in reducing smog and greenhouse gas emissions?

Hon. Chris Ballard: Thank you to the hard-working member from Barrie for her very important question. Last month, I was honoured to stand with our federal government and international partners in making a commitment to phase out the use of coal to generate power. I was especially proud to represent a jurisdiction that has made it a top priority to reduce carbon in the production of our electricity. Thanks to our leadership, Ontario's electricity system is more than 90% free of greenhouse gas pollution.

In fact, since shutting down coal-fired generation in Ontario, we've seen a dramatic increase in the quality of air. In 2005, there were 53 smog advisories issued in Ontario. In 2016, there were zero. Phasing out coal has saved Ontario \$4.4 billion a year in health, environmental and financial impacts. I'm really proud of Ontario.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Ann Hoggarth: Thank you to the minister for the answer. Ontario is recognized as a global leader in taking tough action to fight climate change. Through actions like implementing a cap on pollution, we can collaborate with other provinces and states to achieve meaningful emission reductions.

While some politicians refuse to believe that climate change is real and a threat, let alone take action, sub-national governments like Ontario are leading the way in the fight to save our planet. Can the minister please explain how Ontario is setting the example for other jurisdictions around the world to take serious, meaningful action on tackling climate change?

Hon. Chris Ballard: Thank you again to the member from Barrie for that question. As the member mentioned, Ontario is a global leader in fighting climate change. We're proud to be leading the way with a plan that guarantees emission reductions at the cheapest price possible for Ontarians. We're investing millions of dollars in green programs like home retrofits, bike lanes, and incentives for businesses to reduce greenhouse gas pollution. Our plan encourages innovation and it drives investment to help Ontario continue to be a leader in the low-carbon economy.

Meanwhile, the opposition scheme would cost members of the public, families and businesses significantly more money. Our plan is helping Ontarians make more sustainable and affordable choices and guarantees a greener future for Ontario.

HEALTH CARE FUNDING

Mr. Jeff Yurek: My question is to the Premier. Last week's annual report from the Auditor General continues to shine the light on this government's waste and mismanagement. It was revealed that this government pays more for generic drugs than some Ontario hospitals, up to 85% more. That's an extra \$271 million in taxpayers' dollars being spent on medication due to this government's inability to properly manage the system. That money could have gone to fund rare-disease drugs or take-home cancer medication. Perhaps the government needs to switch priorities and have the hospitals negotiate generic drugs on their behalf.

Can the Premier explain to the House why the people of Ontario continue to pay more and receive less from this government?

Hon. Kathleen O. Wynne: Deputy Premier.

Hon. Deborah Matthews: Thank you to the member for this question.

We are determined to get better prices for our drugs. That's why Ontario took a leadership role when we cut the price of generic drugs in half for all Ontarians. That was a policy that the member for Elgin–Middlesex–London actually opposed, and he ran for the Progressive Conservative Party because he opposed it that much. So I just don't think he has a lot of credibility when it comes to supporting the reduction of the price of drugs.

Speaker, we have established a pan-Canadian pharmaceutical pricing network, so if we work as a country, we will continue to drive prices down. And of course, bringing in pharmacare for all people under age 25 will also give us more buying power, which will reduce the price of drugs in the future.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Jeff Yurek: Back to the Premier: When this government wants to go low and personal attack, I'll go high and just go with—

Interjections.

Mr. Jeff Yurek: Speaker, this government's track record when it comes to waste and mismanagement is truly astonishing, but I think they've outdone themselves with this report.

In 2015-16, the Ministry of Health purchased nearly \$1 million in prescription drugs for those who were already deceased. Only \$42,000 of that \$1 million was recovered by the ministry, which resulted in the taxpayers being on the hook for over \$950,000.

This government refuses to pay for take-home cancer treatments for the seriously ill and yet is fine with spending \$1 million on prescriptions for the dead.

Will the Premier apologize for this gross oversight to those who continue to struggle to pay for medications, to pay for cancer treatments, to pay for rare-disease drugs in Ontario?

Hon. Deborah Matthews: I don't consider it a personal attack when someone is on the record as opposing the reduction—

Interjection.

The Speaker (Hon. Dave Levac): It's never too late. The member from Nepean–Carleton is warned.

Hon. Deborah Matthews: Speaker, as I was saying, I do not consider it a personal attack when someone is on the record as opposing the reduction in generic drugs in this province. That is a fact. That is not a personal attack.

The work that we've done on the Ontario-led pan-Canadian Pharmaceutical Alliance has successfully lowered drug prices for people in Ontario and in the country, saving \$1 billion each and every year. The cuts we made to the price of generic drugs are saving \$500 million a year—it might be more now; that was the number a few years ago. There is more work to do.

And of course, the member opposite knows, because he is a pharmacist, that sometimes there are drugs for people, in the last days of their life, that are not used.

The Speaker (Hon. Dave Levac): There are no deferred votes. This House stands recessed until 1 p.m. this afternoon.

The House recessed from 1143 to 1300.

WEARING OF SHIRT

Mr. Mike Colle: A point of order, Mr. Speaker: I seek unanimous consent to allow me to wear a Toronto FC shirt for the afternoon proceedings.

The Speaker (Hon. Dave Levac): The member from Eglinton–Lawrence is seeking unanimous consent to

wear the Toronto FC jersey this afternoon. Do we agree? Agreed.

I want to see you put it on.

INTRODUCTION OF VISITORS

Ms. Harinder Malhi: I'd like to take the opportunity to introduce residents from my riding of Brampton–Springdale: the Dhaliwal family, as well as Mr. Dhaliwal's sister, who is visiting us here from India today—Mrs. Lakhvar Kaur.

The Speaker (Hon. Dave Levac): Glad you're with us.

Further introductions? Seeing no further introductions, it's therefore time for members' statements. The member from Stormont–Dundas–South Glengarry.

Mr. Jim McDonell: Thank you, Speaker. I want to give a shout-out to the great people of my riding—

The Speaker (Hon. Dave Levac): Sorry; we have a point of order.

M^{me} France Gélinas: I seek unanimous consent to allow the Standing Committee on Finance and Economic Affairs to consider amendments on funding for Centre Jules-Léger and establishment of the proposed francophone university.

The Speaker (Hon. Dave Levac): The member from Nickel Belt is seeking unanimous consent to allow the Standing Committee on Finance and Economic Affairs to consider amendments on funding of the Centre Jules-Léger and establishment of the proposed francophone university. Do we agree? I heard a no.

MEMBERS' STATEMENTS

CHARITY EVENTS IN STORMONT–DUNDAS–SOUTH GLENGARRY

Mr. Jim McDonell: I want to give a big shout-out to the great people of my riding of Stormont–Dundas–South Glengarry, who, time and time again, donate their time and money to bring the spirit of Christmas to all.

Yesterday, the South Stormont fire department held their annual food drive, where people in the community were so generous. The Benson Centre and the Benson Group, along with the Cornwall Colts, held the annual charity hockey game, raising \$4,500 for the St. Vincent de Paul society. In the morning, the Optimist Club held their Breakfast with Santa.

Speaker, in community after community, volunteers gather to help make this time of year better for all, especially those in need. On Friday, we had the schools involved, bringing in thousands of pounds of food that will go towards the food banks and for baskets for individual families. The city of Cornwall, along with many of the small communities in my riding, organize Santa Claus parades, where local businesses, service clubs and individuals come together to truly put on a great show for the little ones.

There is so much more: the CP Holiday Train, raising funds for hunger awareness; the Salvation Army Christmas food baskets; the Sparky Toy Drive by the city of Cornwall's fire department; the Snowsuit Fund; Christmas day meals for those who are alone or in need, and much, much more.

It is with great pride that I want to thank all the volunteers of Stormont, Dundas and South Glengarry for the huge difference they make in people's lives, whether it be at Christmas or throughout the year.

ORDER AND DECORUM IN CHAMBER

Mr. Percy Hatfield: All I want for Christmas—and Hansard, please record this comment—is a day without heckling in our provincial Parliament.

I want to speak today about decorum
Here in this, our legislative forum.

I'd like to challenge a parliamentary tradition
To give our partisanship more acceptable definition.
Now, I may be committing political heresy
But I want to see a better example of our democracy.
No one was elected to come here and do nothing
but heckle ...

So why do we turn into Mr. and Mrs. Hyde
and then Dr. Jekyll?

It's one thing to bellow out our dissent
But what about those we came here to represent?
Why do we look across the aisle and see a minister
or critic as a conspirator—
Then turn our daily question period into a circus of
political theatre?

Why not—for just one experimental day—

Forgo making what amounts sometimes as
political hay?

Why not a civilized discussion?

There'd still be room for political repercussion ...

Let's go out on a limb and leave it to trust.

Why pretend arguments from the other side only
leave us with disgust?

Just one day—no heckling,

A more collegial reckoning.

Why must we always test the Speaker's resolve?

Why do we get so personally involved

That we act as children yelling at recess out in
the yard ...

Hoping not to get named by the Speaker and
then barred?

Let's for once in this parliamentary chamber

Spend just one day calmer and tamer.

We'll still have questions asked, and then answered.

It'll still be there in black and white on the pages
of Hansard.

The Speaker (Hon. Dave Levac): I wrote that.

Interjections.

The Speaker (Hon. Dave Levac): See? Now they're
heckling the Speaker again.

TORONTO FC

Mr. Mike Colle: I rise today to pay tribute to the Toronto FC soccer club.

As you know, this team, which represents Toronto but also represents Ontario and Canada, won the MLS Cup on Saturday afternoon. This is the first time a Canadian team has won that cup, which has competitors from all over North America. It is a wonderful team made up of players from all over the world, including Canadians. It has great superstars, like Jozy Altidore and Sebastian Giovinco.

And it has incredible fans. I don't know if you've ever been to a game or have seen the FC on TV. The fans are so enthusiastic, passionate and real, and the players and management really appreciate the fans. I think that is quite unique in sport, where the fans are as big a part of the team as the players are.

Hats off to this wonderful team of young men from all over the world who won the championship. It's a tribute to their courage and their bravery. As you know, they lost last year to the same team in a shoot-out—the Seattle Sounders. This year, we brought the cup back to Canada and Toronto.

So hats off to Toronto FC. Congratulations, Toronto FC.

PERTH COUNTY WARDEN

Mr. Randy Pettapiece: Speaker, I have the honour of serving 11 municipalities, including the counties of Perth and Wellington.

Last week, I had the pleasure of attending the Perth county warden's election and inaugural reception.

For those who don't know, the warden presides over county council—a sort of mayor of mayors, who helps bring together the shared interests of municipalities and advocate with one voice for Perth county. It's a challenging role that involves managing the county's budget and assets and charting out a strategic plan to build success in the future.

The new warden, West Perth mayor Walter McKenzie, is in the unique position of serving in this role twice. He was previously elected as warden in 1995.

On the subject of Walter's long political career, St. Marys mayor Al Strathdee remarked: "Walter has been sort of a mentor of mine and a long-time political person, and recently I believe he celebrated 35 years in political service. Someone should have told him a life sentence in Canada is only 25 years."

I would also like to thank the outgoing warden, Mert Schneider, for his excellent work over the last two years. He worked hard to expand Perth county's agricultural and other key industries and helped make our community an even better place to live and work.

As county council prepares for a new session, I look forward to working with the new warden, all council members and dedicated staff.

WINTER ROAD MAINTENANCE

Mr. Michael Mantha: My statement today is: “The Liberal winter road maintenance program isn’t working.”

Here are some of the stories that we regularly see in our local newspapers across northern Ontario: “Highway 101 Open after Multiple Collisions”—multiple deaths; “Victim Identified in Fatal Collision” near Chapleau; “OPP Identify Man Killed in Wawa-Area Single Vehicle Crash”; “Man Dies in Collision on Highway 17, North of Wawa”; “Two Killed in Crash Near Massey; Three Others in Hospital”; “Driver Identified in Fatal Highway 17 Accident”; “Fatal Crash Closes Highway 17 at Whitefish”; “OPP Investigating Fatal Accident North of Elliot Lake”; “Two men died in a head-on collision in Sudbury”; “Multi-Vehicle Crash Closes Highway 17”; “Three Vehicle Crash North of the Sault”; Two-Vehicle Collision Snarls Highway Traffic.”

I think you get the picture, Mr. Speaker. It just isn’t working. When are they going to change the winter road maintenance program?

Just recently, Paul Beauregard, a truck driver, showed an incident that happened across one of our highways in northern Ontario. It’s absolutely unacceptable that people should be put under those circumstances.

My friend and colleague from Timiskaming-Cochrane—in south Temagami they lost a death just a few weeks ago. Up in Copper Cliff, the member from Nickel Belt—they lost some deaths.

Highways 101, 144, 17 and 129 are all under winter road maintenance concern. Just this morning, in McKerrow, another death. Enough is enough.

INVESTMENTS IN ETOBICOKE NORTH

Mr. Shafiq Qaadri: I’m pleased to take this opportunity to speak about a number of remarkable investments that are being made in Etobicoke North, some of which are detailed, Speaker, in my calendar, which I’m not currently using as a prop, which will be distributed across the entire riding. These include, for example, the \$2-billion expansion of transportation in my riding: the Finch West LRT, which has eight stops—eight stops—within my riding, all the way from Humber College/Highway 27 to Westmore, Martin Grove, Albion, Stevenson, Kipling and Islington.

This also includes a massive infrastructure expansion of Etobicoke General Hospital, part of the William Osler Health System. We’re looking at a \$400-million expansion. This will quadruple—quadruple—the floor space, the footprint of that hospital.

There are a number of other initiatives, including, for example, the massive uptake of free tuition for folks making less than \$50,000 a year for two- to four-year college and university tuition—particularly welcome, of course, at Humber College.

Speaker, there are a number of developments. As you will know, January 1, 2018, the minimum wage hits \$14, and what’s especially welcome—and what I’m very pleased to share as a doctor—is a massive expansion of pharmacare, the biggest in a generation. We’re looking at, as you know, January 1, 2018: zero to 25 years of age. Medications: 4,400 of them will be free.

The Speaker (Hon. Dave Levac): Thank you. The member did draw my attention to the fact that he read from his calendar, which indeed is a prop, and he won’t use it again.

ST. MARY’S REGIONAL CARDIAC CARE CENTRE

Mr. Michael Harris: It’s an honour to report on the world-class service at St. Mary’s Regional Cardiac Care Centre in Kitchener. Speaker, this weekend we learned that St. Mary’s was one out of only three hospitals out of the 38 cardiac centres to rank better than the national average on all quality indicators in a new Canadian Institute for Health Information report.

The hospital’s record for both successful bypasses and valve replacement well surpassed most other providers. As chief of cardiovascular services Dr. Brian McNamara indicated, the national recognition is “a team effort, and everybody has congratulations in order.” Surgeons, nurses, orderlies and those in admin are all to be congratulated.

Speaker, last year alone, St. Mary’s cardiac centre performed 5,400 cath procedures, 850 bypass and valve surgeries and 590 pacemaker insertions, as well as 10,000 outpatient clinic visits.

Dr. McNamara makes it clear that from the vigorous triage of patients before surgery to the procedures themselves and through excellent post-surgical care, credit is due to all who boost patient outcomes at St. Mary’s, but they’re always looking to do more.

I would add that behind our world-class cardiac staff, there is a very supportive St. Mary’s hospital foundation, and I want to especially thank our generous community and support for their generosity in supporting St. Mary’s cardiac care.

I, of course, encourage all who want to support our nationally recognized cardiac care centre to scroll over to SupportSt.Mary’s.ca, where “money raised, lives saved.”

HANUKKAH

Mr. John Fraser: Tomorrow night, families across Ontario—and across Ottawa South, of course—will be lighting the first candle of Hanukkah. I just wanted to extend to my friends in Ottawa, Rabbi Scher and Rabbi Bulka of Congregation Machzikei Hadas, and all the families that are in that congregation, indeed, all the families across Ottawa and across Ontario who will be celebrating—I wish for all of them a joyous time with family, peace and happiness.

Speaker, I represent a riding that has families from over 125 different countries, who speak 90 languages and practise dozens of faiths. I feel very fortunate to represent the riding of Ottawa South. We live together and we work together, and definitely tomorrow night we will all celebrate together.

THE TABLE SOUP KITCHEN FOUNDATION

Mr. Norm Miller: During the Christmas season, many of us give to those less fortunate. I'd like to take this opportunity to talk about the Table Soup Kitchen Foundation in Huntsville, which operates a soup kitchen, food bank, exchange store and the only men's shelter in Parry Sound-Muskoka.

While all of these services are very important, today I want to focus on the shelter. It opened one year ago this month, but its future is already in jeopardy. The shelter is funded exclusively by donations and, right now, they are facing a decision about whether they can afford to stay open after December 31. It is a small shelter with eight beds but, as I said, it is the only shelter for homeless men in the area.

Over the past year, this shelter has hosted 80 men. It offers not only a warm place to sleep but meals, access to laundry facilities and a sense of community to the men who stay there. The shelter opens daily at 6 p.m. and the men are required to leave by 8 a.m. The foundation would love to be able to offer day programs but right now they're focused on keeping the doors open.

Many local businesses support this shelter. I want to recognize that just last week the Huntsville Canadian Tire store donated \$10,000 to the Table Soup Kitchen. To donate to help save the men's shelter, visit www.thetablefoundation.ca.

I want to encourage everyone to not only shop locally this holiday season but give locally and support important local charities like the Table Soup Kitchen Foundation.

The Speaker (Hon. Dave Levac): I would like to thank all members for their statements.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON REGULATIONS AND PRIVATE BILLS

Mr. Ted McMeekin: I beg leave to present the second report, 2017, from the Standing Committee on Regulations and Private Bills and move the adoption of its recommendations.

The Speaker (Hon. Dave Levac): Mr. McMeekin presents the committee's report and moves the adoption of its recommendations.

Does the member wish to make a short statement?

Mr. Ted McMeekin: I just want to say thank you very much to the hard-working staff with the standing

committee, and, of course, all the members who contribute so freely and substantively in important ways.

In many ways, this is an unheralded group of people who try to get things right every single day. They work very, very hard. I'm pleased to have privilege to be the Chair of the committee.

I'll move adjournment of the debate.

The Speaker (Hon. Dave Levac): Mr. McMeekin moves adjournment of the debate. Is it the pleasure of the House that the motion carry? Carried.

Debate adjourned.

STANDING COMMITTEE ON JUSTICE POLICY

COMITÉ PERMANENT DE LA JUSTICE

Mr. Shafiq Qadri: I beg leave to present a report from the Standing Committee on Justice Policy and move its adoption.

Je demande la permission de déposer un rapport du Comité permanent de la justice, et je propose son adoption.

The Clerk-at-the-Table (Ms. Tonia Grannum): Your committee begs to report the following bill, as amended:

Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make amendments to the Highway Traffic Act respecting alcohol, drugs and other matters / Projet de loi 174, Loi édictant la Loi de 2017 sur le cannabis, la Loi de 2017 sur la Société ontarienne de vente du cannabis et la Loi de 2017 favorisant un Ontario sans fumée, abrogeant deux lois et modifiant le Code de la route en ce qui concerne l'alcool, les drogues et d'autres questions.

The Speaker (Hon. Dave Levac): Shall the report be received and adopted? Agreed? Agreed.

Report adopted.

The Speaker (Hon. Dave Levac): Pursuant to the order of the House dated Wednesday, November 22, 2017, the bill is ordered for third reading.

INTRODUCTION OF BILLS

PROTECTING HYDRO CONSUMERS ACT (PREPAYMENT METERS), 2017

LOI DE 2017 SUR LA PROTECTION DES CONSOMMATEURS D'ÉLECTRICITÉ (COMPTEURS À PRÉPAIEMENT)

Ms. Horwath moved first reading of the following bill:

Bill 188, An Act to amend the Electricity Act, 1998 and the Energy Consumer Protection Act, 2010 respecting prepayment meters / Projet de loi 188, Loi modifiant la Loi de 1998 sur l'électricité et la Loi de 2010 sur la protection des consommateurs d'énergie en ce qui concerne les compteurs à prépaiement.

The Speaker (Hon. Dave Levac): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

1320

The Speaker (Hon. Dave Levac): The member for a short statement.

Ms. Andrea Horwath: What this bill does is to basically ban prepaid metering of our electricity system in this province. People will know that Hydro One has applied, in one of its recent applications, to be allowed to install prepay meters in households as a way to have people pay for their electricity before they use it. We think this is an absolute wrong direction for the province of Ontario. New Democrats are taking a leadership role in bringing this bill forward to ban prepay meters in Ontario.

PETITIONS

HYDRO RATES

Mr. Ted Arnott: I have a petition to the Legislative Assembly of Ontario, and it reads as follows:

“Whereas the price of electricity has skyrocketed under the Ontario Liberal government;

“Whereas ever-higher hydro bills are a huge concern for everyone in the province, especially seniors and others on fixed incomes, who can’t afford to pay more;

“Whereas Ontario’s businesses say high electricity costs are making them uncompetitive, and have contributed to the loss of hundreds of thousands of manufacturing jobs;

“Whereas the recent Auditor General’s report found Ontarians overpaid for electricity by \$37 billion over the past eight years and estimates that we will overpay by an additional \$133 billion over the next 18 years if nothing changes;

“Whereas the cancellation of the Oakville and Mississauga gas plants costing \$1.1 billion, feed-in tariff (FIT) contracts with wind and solar companies, the sale of surplus energy to neighbouring jurisdictions at a loss, the debt retirement charge, the global adjustment and smart meters that haven’t met their conservation targets have all put upward pressure on hydro bills;

“Whereas the sale of 60% of Hydro One is opposed by a majority of Ontarians and will likely only lead to even higher hydro bills;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To listen to Ontarians, reverse course on the Liberal government’s current hydro policies and take immediate steps to stabilize hydro bills.”

It’s signed by hundreds of my constituents, and I agree with it.

INJURED WORKERS

Miss Monique Taylor: I would like to thank Karl Crevar and the injured workers for putting this petition together and bringing it to my office. It reads as follows:

“Whereas about 200,000 to 300,000 people in Ontario are injured on the job every year;

“Whereas over a century ago, workers in Ontario who were injured on the job gave up the right to sue their employers, in exchange for a system that would provide them with just compensation;

“Whereas decades of cost-cutting have pushed injured workers into poverty and onto publicly funded social assistance programs, and have gradually curtailed the rights of injured workers;

“Whereas injured workers have the right to quality and timely medical care, compensation for lost wages, and protection from discrimination;

“We, the undersigned, petition the Legislative Assembly of Ontario to change the Workplace Safety and Insurance Act to accomplish the following for injured workers in Ontario:

“Eliminate the practice of ‘deeming’ or ‘determining,’ which bases compensation on phantom jobs that injured workers do not actually have;

“Ensure that the WSIB prioritizes and respects the medical opinions of the health care providers who treat the injured worker directly;

“Prevent compensation from being reduced or denied based on ‘pre-existing conditions’ that never affected the worker’s ability to function prior to the work injury.”

I fully support this petition. I’m going to affix my name to it and give it to page Katrina to bring to the Clerk.

ENVIRONMENTAL PROTECTION

Mr. Arthur Potts: I have a petition signed by thousands of constituents and others from the GTA.

“To the Legislative Assembly of Ontario:

“Whereas there are over 200 species at risk in Ontario that need meaningful protections to prevent their extinction;

“Whereas protecting special concern, threatened and endangered species is critical to maintaining Ontario’s biodiversity and meeting its commitments under the international convention on biodiversity;

“Whereas making sure species at risk are protected is central to achieving sustainability objectives in the province;

“Whereas there was multi-partisan support for the Endangered Species Act in 2007;

“Whereas support for the act has been wavering as of late with proposals to water down the Endangered Species Act either through private members’ bills or an omnibus budget bill;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To reaffirm your support for stopping threats to and promoting the recovery of species at risk in Ontario through the implementation of the Endangered Species Act in keeping with the spirit and intent and purposes of the act.”

I'm happy to sign my name and send it to the table with Andrew.

SCHOOL CLOSURES

Mr. Lorne Coe: A petition to the Legislative Assembly of Ontario:

“Whereas the Minister of Education ... declared on June 28, 2017, a province-wide moratorium on future school closures based on the results of the spring engagement process, stating that the pupil accommodation review process was flawed and should be overhauled; and

“Whereas during the 2016-2017 school year this flawed pupil accommodation review process was used to close schools; and

“Whereas some of these schools are not scheduled to close until the end of June 2018, so that staffing for these schools remains in place for 2017-2018; and

“Whereas it would be consistent with the spirit of the moratorium and the reason for the overhaul of the PAR process, to stop those closures announced after September 2016; and

“Whereas the 2015 Auditor General’s report section 4.3.2 (p. 299) recommends greater funds be put towards maintenance of current schools; and

“Further, whereas the current funding formula does not properly address the needs of schools within rural and northern communities;

“We, the undersigned residents of the province of Ontario, petition Minister of Education ..., Premier Kathleen Wynne and all MPPs of the Ontario Legislative Assembly to:

“1. Reverse the closure decisions for all schools where those decisions were made after September 1, 2016;

“2. Provide fair and equitable pupil accommodation review processes that school boards must follow, recognising the unique needs of rural and northern communities; and

“3. Review the current funding formula with a goal of developing fair and equitable funding formulae for all rural, northern and urban schools.”

I agree with the content of this petition, affix my signature and provide it to page Erion to take to the table.

GASOLINE PRICES

M^{me} France Gélinas: I'd like to thank Nicole Dugas from Val Caron in my riding for signing the petition. It reads as follows:

“Whereas northern Ontario motorists continue to be subject to wild fluctuations in the price of gasoline; and

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices; and

“Whereas five provinces and many US states already have some sort of gas price regulation; and

“Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of

price discrepancies between urban and rural communities and lower annualized gas prices;”

They petition the Legislative Assembly of Ontario as follows:

“Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition.”

I support this petition, will affix my name to it and ask page Katrina to bring it to the Clerk.

SIMCOE DAY

Mr. Toby Barrett: I have signatures on a number of petitions titled “Proclaim the Civic Holiday Monday as Simcoe Day.

“Whereas John Graves Simcoe and his Queen’s Rangers played a significant role during the Revolutionary War against George Washington’s army; and

“Whereas as Upper Canada’s first Lieutenant Governor, Simcoe oversaw the first sittings of Parliament introducing such measures as trial by jury, English common law, municipal boundaries and the abolition of the importation of slaves; and

“Whereas the somewhat uninspiring moniker Civic Holiday lacks a distinct identity;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“Facilitate the process to proclaim the first Monday in August each year as Simcoe Day, except in municipalities where a bylaw specifies otherwise.”

I support the initiative and sign the petition.

1330

PESTICIDES

Mr. Michael Mantha: I want to thank Mr. Paul Darlaston from Kagawong, who presented me with these several hundred petitions.

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That it should consider either (a) changing the body of the Pesticides Act and/or (b) the related regulations, to limit all use of pesticides by utilities only to extreme circumstances and only on noxious non-native invasive weeds or plants which are displacing native varieties and only when all other options have been eliminated (rather than pesticides being used as part of standard operating procedure to sterilize regrowth on land on their rights-of-way as a means of reducing labour costs); and (c) consider partially restoring to individual municipalities (lower or upper levels) the authority to determine when and where utilities may use listed pesticides in these extreme circumstances within their jurisdictions.”

I agree with this petition and present it to page Olivia to bring it down to the Clerks’ table.

COFFEE PODS

Mr. Norm Miller: I have, with this petition, over 800 signed online as well. It reads:

“To the Legislative Assembly of Ontario:

“Whereas single-serve coffee makers are estimated to be in 38% of Canadian homes; and

“Whereas single-use pods make up 49% of coffee sold in grocery stores in Canada; and

“Whereas 1.5 billion single-use coffee pods end up in Canadian landfill each year; and

“Whereas even recyclable coffee pods are not easy or convenient for consumers to recycle properly; and

“Whereas compostable coffee pods help keep food waste out of landfill, thereby reducing greenhouse gas emissions; and

“Whereas there is a made-in-Ontario single-use coffee pod that is certified 100% compostable by the Biodegradable Products Institute on the market; and

“Whereas there are other compostable single-use coffee pods available;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“The Legislative Assembly of Ontario pass Bill 173, the Reducing Waste One Pod at a Time Act, and request that the province of Ontario start to purchase exclusively compostable single-use coffee pods.”

Mr. Speaker, I support this and give it to Iman.

LONG-TERM CARE

Ms. Peggy Sattler: I have a petition calling for a minimum long-term-care standard. It reads:

“Whereas quality care for the 78,000 residents of (LTC) homes is a priority for many Ontario families; and

“Whereas the provincial government does not provide adequate funding to ensure care and staffing levels in LTC homes to keep pace with residents’ increasing acuity and the growing number of residents with complex behaviours; and

“Whereas several Ontario coroner’s inquests into LTC homes deaths have recommended an increase in direct hands-on care for residents and staffing levels and the most reputable studies on this topic recommend 4.1 hours of direct care per day;

“We, the undersigned, petition the Legislative Assembly of Ontario to:

“Amend the LTC Homes Act (2007) for a legislated minimum care standard of four hours per resident per day, adjusted for acuity level and case mix.”

I couldn’t agree more. I affix my signature and will give it to page Emma to take to the table.

GREEN POWER GENERATION

Mr. Jim McDonell: I have a petition to the Legislative Assembly of Ontario.

“Whereas Ontario already overpays for wind and solar energy supplied under the FIT and microFIT programs compared to other provinces, including Quebec; and

“Whereas many townships have declared themselves unwilling hosts for industrial wind turbine developments;

“Whereas the IESO has ignored municipalities’ wishes and approved projects in unwilling host municipalities;

“Whereas the Auditor General identified that the global adjustment—the cost of overpaying for electricity under the Green Energy Act—has cost Ontarians \$37 billion to date and will cost us another \$133 billion by 2032;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To immediately impose a complete moratorium on all wind and solar project developments in unwilling host communities.”

I agree with this. It was signed by a former teacher of mine, a math teacher. I’ll hand it off to page Adam.

PRIX DE L’ESSENCE

M. Michael Mantha: J’ai une pétition ici sur le prix de l’essence.

« À l’Assemblée législative de l’Ontario :

« Alors que les automobilistes du nord de l’Ontario continuent d’être soumis à des fluctuations marquées dans le prix de l’essence; et

« Alors que la province pourrait éliminer les prix abusifs et opportunistes et offrir des prix justes, stables et prévisibles; et

« Alors que cinq provinces et de nombreux états américains ont déjà une réglementation des prix d’essence; et

« Considérant que les juridictions qui réglementent le prix de l’essence ont : moins de fluctuations des prix, moins d’écart de prix entre les communautés urbaines et rurales et des prix d’essence annualisés inférieurs;

« Nous, soussignés, demandons à l’Assemblée législative de l’Ontario :

« D’accorder à la Commission de l’énergie de l’Ontario le mandat de surveiller le prix de l’essence partout en Ontario afin de réduire la volatilité des prix et les différences de prix régionales, tout en encourageant la concurrence. »

Je suis complètement d’accord avec cette pétition. Je la présente au page Andrew pour l’apporter à la table des greffiers.

DRIVER LICENCES

Mr. Jim McDonell: I have a petition to the Legislative Assembly of Ontario.

“Whereas many residents and businesses in Ontario rely on the ability to drive a vehicle in order to work, buy food and otherwise function;

“Whereas licence suspension upon receipt of a medical notice to that effect is immediate; and

"Whereas constituents are forced to wait 30 business days following a positive medical review by their physician prior to being reinstated; and

"Whereas this wait time is not prescribed in any legislation or regulation, but is solely due to Ministry of Transportation policies that ignore the reality of living and operating a business, especially in rural and northern Ontario; and

"Whereas a needlessly long licence suspension threatens the livelihoods of many families in Ontario;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"To direct the Ministry of Transportation to institute a five-business-day service guarantee for drivers' licence reinstatements following the submission of a positive physician's review."

I agree with this and will pass it off to page Katrina.

ORDERS OF THE DAY

CANNABIS, SMOKE-FREE ONTARIO AND ROAD SAFETY STATUTE LAW AMENDMENT ACT, 2017

LOI DE 2017 MODIFIANT DES LOIS EN CE QUI CONCERNE LE CANNABIS, L'ONTARIO SANS FUMÉE ET LA SÉCURITÉ ROUTIÈRE

Mr. Yasir Naqvi moved third reading of the following bill:

Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make amendments to the Highway Traffic Act respecting alcohol, drugs and other matters / Projet de loi 174, Loi édictant la Loi de 2017 sur le cannabis, la Loi de 2017 sur la Société ontarienne de vente du cannabis et la Loi de 2017 favorisant un Ontario sans fumée, abrogeant deux lois et modifiant le Code de la route en ce qui concerne l'alcool, les drogues et d'autres questions.

The Acting Speaker (Mr. Ted Arnott): I look to the Attorney General to lead off the debate.

Hon. Yasir Naqvi: I rise in the House today to open third reading debate on a bill that would, if passed, prepare Ontario for a safe and sensible transition to the federal legalization of cannabis. Speaker, as we all know, cannabis legalization in Canada is imminent, with the federal government's July 2018 deadline less than seven months away, and Ontario still has a lot of work to do. The bill before us today would, if passed, help us to make sure Ontario is ready when legalization comes.

Everybody in this Legislature knows what a momentous and important change this is. And as we get closer to implementation, it really is on people's minds. Legalization has constantly become a part of conversations with neighbours, friends and constituents. In fact, personally, I cannot go to one event or meeting in my community of Ottawa Centre without a question about cannabis, and

I'm sure many of my colleagues have the same experience.

While people have all kinds of opinions regarding their support for legalization or on how best to legalize, I've found that almost everyone has questions about it. Cannabis legalization is a big, complicated and complex issue. As legislators, it is hard to untangle. It is even harder for people to figure out the impacts it could have on their family and society writ large.

The people of Ontario are concerned about their communities, their roads and their children's health. Our government takes these issues very seriously. We want Ontarians to know that we hear their concerns, and this bill, if passed, will represent a major step towards addressing those concerns.

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Speaker, with the measures in this bill, we are supporting four clear objectives: (1) protecting our youth; (2) promoting public health and safety; (3) prevention of harm; and (4) elimination of the illegal market.

These goals are distinct but also interrelated. Eliminating the illegal market, for example, will help protect youth by making unregulated and potentially unsafe cannabis less available to young people. Prevention and harm reduction efforts will help protect everyone's health and safety. Taken together, these four goals will be crucial in ensuring a safe and sensible transition to legal cannabis in Ontario.

Speaker, one of our top priorities throughout the legalization process is to keep youth and young adults safe. This is an area where the proposed federal rules leave a lot of the work to the provinces, but it is also one of the most critical challenges we are facing. Medical studies have shown that cannabis use can be harmful to the developing brain up to the age of 25, and existing cannabis laws, simply put, have not been successful in mitigating this harm. Young people in Canada already use cannabis at rates that are among the highest in the world; that is even before legalization. It is not just that we have to protect youth when cannabis is legalized; we need to address a problem that already exists. Legalization presents us with an opportunity to do so in a new way.

The measures in this bill would introduce a tightly controlled distribution system for legal cannabis and work to eliminate the existing illegal market that clearly is making this substance available to youth.

I would now like to take the time to walk through the measures that we have proposed, starting with the basic rules that we are setting for legal cannabis by way of Bill 174, if passed.

The federal government has put forward a federal minimum age of 18 to purchase, possess, use or grow legal cannabis. We are proposing to raise that minimum age in Ontario to 19 years old, a year older than the federal minimum. This is important for a number of reasons. We felt that 18 was simply too low as a minimum age for our province, but at the same time, we heard from public health and law enforcement experts that there are also

risks with raising the minimum age too high. Young people would simply continue to rely on the illegal market, which could undercut many of our other prevention and harm reduction efforts. A minimum age of 19 finds a balance between these priorities and also aligns with Ontario's minimum age for alcohol and tobacco use, which people already know and understand.

Speaker, having determined who can legally access cannabis, we also have to restrict possession for those who cannot. We wanted to do so in a way that focuses on prevention, harm reduction and diversion, not on punishment. Our goal is to stop bringing youth into unnecessary contact with the justice system for possessing small amounts of cannabis. To help enforce the minimum age, our bill proposes to allow police to confiscate small amounts of cannabis from youth under the age of 19. These young people could receive a provincial offences ticket similar to the kind of ticket one would receive for a minor traffic offence or youth possession of alcohol. In cases where youth are found in possession of cannabis, this bill would also empower police officers, prosecutors and courts to refer them to youth education or prevention programs.

Speaker, this brings us to another pillar of our approach: prevention and harm reduction. It is important to remember that there are concerns about the impact of cannabis on the developing brain up to the age of 25. That means that as we are working to prevent cannabis use among youth under 19, we must also be working to address the potential risk for those between the ages of 19 and 25 who would be able to legally buy and use recreational cannabis under our proposed approach. To support both of these goals, we are committed to developing a comprehensive prevention and harm reduction approach for Ontario. This will promote awareness of the health harms that are associated with cannabis use and will give people the tools they need to make informed decisions about use.

Our work on this front is well under way. In fact, we have already taken our first step by endorsing Canada's Lower-Risk Cannabis Use Guidelines. These guidelines were developed with the understanding that many Canadians will choose to use cannabis whether or not it is legal. From this core premise, the guidelines encourage honest conversations and really focus on harm reduction. They offer recommendations grounded in science that help people make decisions to reduce the health risks associated with cannabis use.

We will also work closely with our partners in health care to share that information and promote uptake. Another key part of our prevention and harm reduction approach will be to ensure that our service providers, whether in education, health care, youth justice or social services, have the resources they need to be effective. Ontario already has a fantastic network of these service providers, and we are committed to exploring training and other supports that might be needed to increase their capacity and improve prevention and harm reduction efforts.

Finally, we will be developing resources to guide employers, labour groups and others as they manage workplace safety issues related to impairment at work through education and awareness initiatives.

Speaker, I am confident that these measures will help people make healthier choices around cannabis use, but we also have to consider the health impacts that cannabis can have on others.

Just as we have in the past with cigarettes and other tobacco products, we are committed to limiting the health impacts of second-hand cannabis smoke. To do so, we are proposing strict limits on where cannabis can be used. The general rule under our proposed legislation is that recreational cannabis use would be restricted to private residences. That means that it would not be allowed in public places, workplaces or inside any motor vehicle.

Our bill also provides clarity to ensure that individuals who use medical cannabis have the access they need without compromising our public health objectives. This precautionary approach is based on consultations with key public health stakeholders. It also draws on lessons from our existing laws for consuming alcohol and from the province's Smoke-Free Ontario Act, which has greatly reduced tobacco use and lowered health risks to non-smokers in Ontario.

Speaker, our bill also includes an overhaul of the Smoke-Free Ontario Act. The new Smoke-Free Ontario Act, 2017, if passed, would build on the success of the existing act and that of the existing Electronic Cigarettes Act, 2015, by addressing vaping and the use of e-cigarettes to better protect the people of Ontario from second-hand smoke.

Some of the questions I'm most often asked have to do with how and where Ontarians will be able to buy recreational cannabis. I've spoken at some length about keeping cannabis out of the hands of underage youth, and in many ways, retail is the most important part of that issue.

We have to ensure that cannabis is being distributed in a way that is carefully controlled and socially responsible. That is why we are proposing a retail approach that will do just that. If passed, this bill would create a single, legal retailer of recreational cannabis across Ontario, online and in dedicated stores. This agency would have a clear mandate to responsibly serve Ontarians across the province and would be overseen by the LCBO. This is important as the LCBO already has a strong proven record of customer service and safety, and this approach will ensure that we benefit from that expertise in the context of cannabis as well.

The other side of the coin in our effort to ensure a safe and responsible retail channel for recreational cannabis is stopping the sale of illegal, unregulated and potentially unsafe cannabis. No matter how many safeguards are in place at a legal retailer to ensure socially responsible sales, they will not help us if underage youth can simply walk across the street to an illegal cannabis storefront. Right now, these shops are a very active, very profitable and very visible part of an illegal market in Ontario that

makes cannabis readily available to youth. I know that in my riding of Ottawa Centre alone, there have been many of these illegal dispensaries that have opened and continue to stay open.

This cannot continue. I have said it before and I say it again now: These storefronts have never been legal, are not legal now and will not be legal retailers under our proposed model. We are committed to eliminating the illegal market and closing down illegal cannabis storefronts.

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The first step in doing so is to provide police and other officials with the tools they need to enforce the law. That is why this bill proposes tough new penalties for illegal cannabis sales. These would target individuals and companies that engage in the illegal sale of cannabis, and landlords who knowingly permit their property to be used for this purpose. We are also proposing an interim closure authority to allow for the immediate closure of any site that is being used to illegally sell cannabis. Penalties could include fines or imprisonment and would escalate based on repeated or continued offence after initial conviction.

We are also committed to making sure that our law enforcement partners are equipped to help keep Ontario's roads safe—among the safest in North America. Impaired driving is a concern that must be taken seriously. Ontario recently gave police the ability to immediately remove drivers from the road who they believe are impaired by drugs, including cannabis. With our proposed legislation, we are working to make our impaired-driving laws even tougher on those who drive and use cannabis or other drugs. If passed, our bill would increase the financial penalty for those who fail a roadside breath test, a standardized field sobriety test or an evaluation by a drug-recognition expert, and would create a zero-tolerance policy for young, novice and commercial drivers, with new penalties to enforce this policy.

This is a sensible approach that focuses on drivers who present a greater risk on the road, whether through the likelihood or potential severity of a collision. Research shows that younger and newer drivers have a higher risk of collision than more experienced drivers. Collisions involving commercial vehicles are far more likely to be severe in nature, as they account for approximately one in five fatalities on Ontario roads. A zero-tolerance approach means these drivers would be taken off the road if they have any drugs or alcohol in their system as detected by federally approved screening devices. We developed these proposals in close partnership with our road safety partners and stakeholders who believe that Ontario's approach is the right way to go.

I will soon be turning the floor over to my colleague the Minister of Transportation, who will provide further details of our plan to keep Ontario's roads safe.

As we continue to develop, refine and implement the details of Ontario's transition to legalization, we recognize the importance of engaging in dialogue with our law enforcement and safety partners. With input from these

partners, we are currently developing a coordinated enforcement strategy for Ontario. This strategy will support community safety, with a focus on prevention and diversion, as we continue to pursue a safe and sensible approach to legalization.

Even as our proposed legislation continues to move forward, there is still a lot of work to do: decisions yet to be made and challenges to overcome. We continue to work closely with partners at all levels of government to make sure we get these decisions right.

In particular, we continue to look to the federal government for guidance and leadership when it comes to the projected supply of cannabis and the timing of its availability, the adequacy of federal resources to support effective provincial implementation, including public education and enforcement-related costs, and a fair and equitable taxation framework.

I also look forward to ongoing dialogue with Ontarians, stakeholders and partners at the municipal level and many others. In particular, we recognize the continued need to meaningfully engage with First Nations, Métis and Inuit organizations and peoples about cannabis legalization. We also understand and recognize that some First Nations communities may wish to develop specific approaches to the sale and use of cannabis. With this understanding, our bill includes flexibility for the province to enter into agreements with First Nations communities to establish these approaches, reflective of our government-to-government relationship with First Nations. I look forward to continued consultation and conversation in the lead-up to July 2018 and beyond.

Speaker, this bill lays out a blueprint for Ontario's transition to cannabis legalization. I'll be the first one to admit that we face many challenges here, not least of which is the impending timeline that has been set by our federal counterparts with their decision to legalize recreational cannabis. But I'm confident that the measures we have put forward here will allow us to make that transition in a safe and sensible way, with the best interests of all Ontarians in mind.

I would like to thank the Standing Committee on Justice Policy for their consideration of and amendments to this bill.

I hope that all of my fellow members will join me in supporting this important piece of legislation.

Ms. Lisa M. Thompson: Point of order.

The Acting Speaker (Mr. Ted Arnott): Point of order, the member for Huron-Bruce.

Ms. Lisa M. Thompson: I want to take this opportunity to welcome—they'll be coming in any time—a special grade 10 class from F.E. Madill Secondary School in Wingham, Ontario. They really like their civics classes, and their teachers do a great job. I just wanted to take this moment to welcome them to Queen's Park.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Randy Hillier: I wish I could say it was a pleasure to speak to this bill today, but of course what is not pleasurable about this is the time allocation motion and

the restrictions on debate on this bill that this government has put forward.

As everyone in this House is aware, the PC Party put forward a motion to split this bill up, the schedules, into four different votes—the ones on cannabis as well as on the Smoke-Free Ontario Act and the Highway Traffic Act elements. This government would not permit the debate on that motion and then proceeded to put in a time allocation motion.

I just want to contrast that time allocation procedure with the minister's very words just a few moments ago, when he said they look forward to continued consultation on this bill. Well, clearly, there's a contradiction there if the minister is saying that they want continued consultation but they brought in a time allocation motion which actually prevented further discussion on this bill.

Speaker, I'll be sharing my time with the member from Kitchener—Conestoga, our transportation critic. He'll be talking about schedule 4; I'll focus my elements on schedules 1, 2 and 3.

At the start of his debate, I heard the minister say that this is a "momentous and important" bill. Those are the words that he used. He used the words "hard to untangle" and said that it's hard to understand the impacts. I won't disagree with him—all the more reason that further discussion and debate is required. When the minister himself says that it's a difficult bill to understand and that it's difficult to understand what the consequences will be, that is not the time to limit debate and discussion, when there is confusion, even amongst the government members.

I'm going to take some time to illustrate to people what happened with this bill in committee. I think that's an important element that people need to recognize—how what happened in committee is very different compared to the minister's own words here at third reading debate.

I'll start with this first example. The minister said that the prevention of harm and protection of health was a hallmark priority for this government with Bill 174. Bill 174 is absent of any government responsibility for education, monitoring or awareness.

The PC Party introduced an amendment that would have made it an obligation for the government to take on the role of education, awareness and monitoring. The members of the committee—the members from Beaches—East York, from Northumberland—Quinte West, from Kitchener Centre, from Ottawa—Vanier—all voted down the PC amendment that would have created a statutory framework for the government to engage, monitor and create an education program for cannabis use. That was the very first one. Oh, actually, there was one before that.

1400

One of our PC amendments was also to make a requirement that physicians—I'll just read a little bit about this. This was "Reporting of illness, disease, injury or death related to cannabis use." This amendment would have permitted—

Mr. Taras Natyshak: Point of order, Speaker.

The Acting Speaker (Mr. Ted Arnott): Point of order, the member for Essex.

Mr. Taras Natyshak: I'm wondering if we have quorum in the House.

The Acting Speaker (Mr. Ted Arnott): I would ask the table staff to determine if there's a quorum.

The Clerk-at-the-Table (Ms. Valerie Quioc Lim): A quorum is not present, Speaker.

The Acting Speaker ordered the bells rung.

The Clerk-at-the-Table (Ms. Valerie Quioc Lim): A quorum is present, Speaker.

The Acting Speaker (Mr. Ted Arnott): Thank you very much. I return to the member for Lanark—Frontenac—Lennox and Addington, who had the floor.

Mr. Randy Hillier: Thank you, Speaker. I'm glad that quorum was called. Obviously, there are members on the Liberal side who don't believe this debate is—

Interjection.

The Acting Speaker (Mr. Ted Arnott): You shouldn't be making reference to the absence of any members. I'd ask him not to do so again.

The member for Lanark—Frontenac—Lennox and Addington.

Mr. Randy Hillier: Thank you, Speaker. I'm glad we have enough people here—

Interjections.

The Acting Speaker (Mr. Ted Arnott): I'm going to have to ask the government members not to make reference to the absence of any other member in the House. As everyone knows, there are times when members are absent; all of us are absent from time to time. It's not fair to take shots in that respect.

The member for Lanark—Frontenac—Lennox and Addington.

Mr. Randy Hillier: Thank you, Speaker.

Our first amendment was to put in the responsibility to have a triggering mechanism so that monitoring could be entailed. That would have required physicians or practitioners of health to report if somebody experienced an illness or an injury due to cannabis use.

The member for Ottawa—Vanier responded that this was not important; that we'll leave it up to the federal government to do that. That's a paraphrase, of course, of the comment, but people can go to Hansard and read the debate that ensued. The comment, again, was that we'll just let the feds do this, contrary to what the minister said about the priority of the prevention of harm and protection of health.

As I pointed out to the member for Ottawa—Vanier during that debate, how can the feds possibly do the studies if we don't have a mechanism first to require physicians to report on that? There is no reporting mechanism with Bill 174. I think that she understood the argument and maybe even agreed with the argument, but the Liberal Party whips were on full display during the justice policy committee hearings on this, and that was rejected.

So we rejected the mechanism for physicians to report on injuries and illness. They rejected any obligation or

responsibility to put in an educational component or monitoring or awareness to the bill. That is very much contrary and not consistent with what we have seen with all our other provincial Legislatures in this country, where governments have recognized the obligation for education awareness and reporting on this.

Another good example was the PC amendment that would have made it a requirement that there be a review of this act in four years' time. It was quite simple: "The minister shall conduct and table a review of this act within four years after the day it receives royal assent." Speaker, that was rejected. This government does not want to be accountable—not today, not tomorrow, not ever. Accountability is sort of like a four-letter word for these guys over here; it is just rejected at every opportunity.

The member for Beaches—East York actually said, "Well, we don't want to tie the hands of government." A review tabled in this Legislature is viewed as tying the government's hands? It is tying the government—it's tying the government to accountability. That's what a review does and that's what this government has so blatantly and so forcefully rejected: any level of accountability to the people of this province and even to members of this Legislature—their own members—absolutely no accountability.

The PC Party also put forward an amendment that would make it mandatory for this new liquor and cannabis control board of Ontario that is created under this act—that if they fail to meet the obligations of the act, they would have to explain why to this House. The genesis and the motivation for that amendment, Speaker, is in another creature of this government, and that's Ornge. We can all remember Ornge. They were an arm's-length agency created by government. It had a memorandum of understanding on how it was to do business, but failed miserably, and resulted in a boondoggle of billions of dollars of poor delivery of service and a rogue agency that was buying speedboats and Harley-Davidsons and not transporting people in critical condition.

Our experience has shown that this government does not take oversight as important. So the PC Party put in this amendment that it would require any violations of that memorandum of understanding to be reported back to this House. Once again, all five Liberal members on that committee voted down that amendment. The member for Beaches—East York, the member from Northumberland—Quinte West, the member from Ottawa—Vanier, the member from Kitchener Centre—everybody voted against that amendment of accountability.

Speaker, I'm going to leave the cannabis side now for a little bit, schedules 1 and 2. I think people are getting the picture that there is a distinct difference between what is said in this House during debate by the Ministry of the Attorney General and what happens in committee—the actions of Liberal members in committee—very, very different. There is a contradiction between the statements here that we hear in debate and the actions of Liberal members in the committee.

1410

But I think clearly the Liberals' commitment to the prevention of harm and the protection of health must be taken with a big box of salt—not just a shaker of salt; a big box of salt—because they would not put their money where their mouth was. They would not follow up on their actions, and they actually rejected the cannabis awareness fund, the cannabis education, the cannabis monitoring. All of it was rejected.

I also want to talk about the Smoke-Free Ontario Act. Again, the member from Kitchener—Conestoga will talk about the Highway Traffic Act, but probably no more blatant an attack on harm reduction and on personal health have we seen in this Legislature and by this government than the government's attack on one of the most effective means to assist people to quit smoking and improve their lives through electronic vaporizers, and that's in schedule 3.

I know all members in the House have received thousands of emails and thousands of phone calls from people who feel threatened by this government on schedule 3. They feel that their health is under attack and under threat by this government. We heard clearly at committee by significant, well-known tobacco-harm-reduction proponents from the scientific and research communities that electronic vaporizers have permitted tens of thousands of people in this province and millions of people worldwide a means to reduce or quit smoking. This government's schedule 3 is a direct impediment to that, a direct obstruction and obstacle which will make it more difficult for people to quit smoking and to alleviate the harm from this.

Again, the PC Party introduced amendments on this, amendments that were accepted and consistent with all the deputations that we heard. Instead, the government, those same members, the member from Beaches—East York and the members from Ottawa—Vanier and Northumberland, all voted down the amendments. One of these amendments would have permitted the display, demonstration and sale of electronic vaporizers in retail establishments that were restricted to people aged 19 and over and with blurred-out or obscured windows.

The Liberals said they were in favour of this. They actually said they are in favour of this proposal put forth by the PC Party. However, they voted it down. So I want to know, and I know those hundreds of thousands of people who use electronic cigarettes to reduce harm and are trying to quit smoking want to know, the facts and the truth of this government. Are they actually in favour of harm reduction or is it just a smokescreen they are doing with this bill? I believe it is the latter, not the former. If they were truly serious and sincere about helping people and reducing harm, they would have voted in favour of a PC amendment that was consistent with the words they actually stated in committee.

Speaker, what do you and what does society make of a government that says one thing in debate but acts clearly in a contradictory manner at committee? I don't trust—I can't trust—anybody who says one thing and does the

very opposite. The member from Beaches—East York, for example, said, “We’re going to do this all in committee. Don’t worry about the contradictions.” Well, we can see what happens with this government, Speaker. They are on autopilot. They have no interest in oversight or accountability. We just saw the Auditor General’s report. This government left everything to regulations. We ended up having 800 buildings that sit empty for six years.

“Somebody else is going to do that”—that was the attitude that was clearly conveyed to everybody in committee, that this Liberal government is not interested in doing its job; it’s interested in somebody else doing it. “We’re just going to leave it to committee.” It’s not acceptable to me. It’s not acceptable to the PC Party. I don’t think it’s acceptable to anybody in this province that we have a government that will not own up to its responsibilities.

Look at what happened with the IESO. When government leaves it to somebody else, \$260 million in ineligible expenses are paid for by the taxpayers, by this government. Taxpayers were ripped off for 260 million bucks and it’s, “Well, we collected 60% of it back. That’s pretty good. We got most of it back. We only left \$92 million on the table. What’s \$92 million to this government? It’s only taxpayers’ money.” That’s what happens when you have a government that is fearful of accountability, fearful of putting into legislation a mechanism to hold them to account.

We on the PC side understand accountability. We don’t waver from it.

It may be difficult for some people to understand that if you don’t put it in the legislation, it doesn’t exist. By the same token, once it’s in the legislation, it does exist. Right at the present time, this government is attacking those very people who want to lessen the injury and harm to their health. This government has written into Bill 174 that they are going to make that much, much more difficult—possibly even impossible—with this government. But once again, let’s just trust them; they will do the right thing after this bill gets voted on at third reading tomorrow morning—contrary to everything the minister said about looking forward to continued consultation. Well, we can see what that means with the time allocation motion.

I also go back to the minister’s first statements. He said that this bill is momentous and important and that everyone has questions. Speaker, the objective and purpose of debate is to answer the questions, to bring clarity and seek improvements in a bill. This government has no more interest in seeking improvements to the bill, and they have no interest in hearing from others who will be impacted by this bill. Clearly, they don’t even have any interest if there are elevated illnesses or injuries that come about as a result. They’ve washed their hands of any monitoring, they’ve washed their hands of any education and they’ve said, “The feds are going to do this.” It’s just like they did with everything else, and that’s why we have an Auditor General’s report every year that keeps getting thicker and thicker and thicker. After 14

years in government, the Auditor General’s report has expanded to a size that nobody could actually believe would be possible, but that’s this Liberal government. I am hoping that with next year’s general election, the Auditor General’s report can be slimmed down substantially, and also that we will have a government who has and demonstrates a commitment to accountability and oversight.

1420

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Taras Natyshak: I am pleased to join the debate and I was pleased to play a role on this bill.

To be honest with you, I was really intrigued about the novel nature of this piece of legislation and how this is a new reality not only in the province of Ontario, but across the country, as we anticipate Bill C-45 and Bill C-46 from our partners at the federal level to pass in legislation. I just read an article today by John Ibbitson at the *Globe and Mail* that said there might be some issues around the timing and the passage of those two pieces of legislation, given the Senate and some of their concerns in the Senate. This July 1 date of federal legislation coming down that would then trigger all of the provinces’ reactions for the new marketplace in cannabis—we have to call it into question; this might not be the reality.

You would wonder if this was the norm. I have only been elected for six years. I’ve never seen anything or heard of anything go down like this, where there’s a mad rush to craft legislation to deal with a whole new marketplace and a host of new realities within the Criminal Code and the Highway Traffic Act. Just the complexity of it alone and the connection between the jurisdictions makes this a really important bill to get right from the outset. Do I believe that we did it in Bill 147? No, I do not believe that we did—

Interjection: Bill 174.

Mr. Taras Natyshak: Sorry, Bill 174, thank you very much—but I think that we got as close as we could, given the constraints on time and the limitations that the government placed on itself around consultation and data collection.

Speaker, we’re talking about a brand new industry that has been touted to be, roughly, a \$26-billion annual industry nationwide that the government of Ontario has not even done a business plan on. They’re going to open up 40 retail locations at the beginning, with a possible expansion of up to 150, without a comprehensive business plan. I have yet to see any market valuations on what they are proposing. I have yet to see any revenue projections. I don’t know any costing of what their capital costs are to set up these new point-of-sale areas. There is none of that.

They are throwing this thing up in the air and hoping that it works—and for the sake of our province, I hope that it works too. I hope that it has the desired effect of, first and foremost, allowing the legal possession of cannabis for recreational use, something that New Democrats have proposed for 40 years: to decriminalize and

legalize the possession of recreational cannabis. So welcome to the reality of the world, Liberal Party. We've been advocating for this, as New Democrats, for a long time, and have a track record of proposing legislation to get us there. Of course, we've never been the government at the federal level to be able to bring that legislation forward or to have it passed, but we've attempted to, and we have worked with people to get us closer to that.

So here we are today. In 2017, there's this new realization that we can probably do a lot more good in society if we treat cannabis similarly to how we treat alcohol, as a substance that's to be regulated and sold legitimately, in a structured market, than when we were, as previously, criminalizing it, prosecuting people with small possession, running them through the judicial system, costing us countless millions of dollars annually and ruining people's lives. On that basis alone, Speaker, whether the marketplace and the system that is being set up here under Bill 174 is successful or not is aside from the fact that I think there are some positives on the judicial side: the fact that we are now realizing that we can have a safe society and we can control drugs and control the illicit market of drugs by regulating it. In that sense, I am happy to see this bill move forward.

My colleague the member from Lanark–Frontenac–Lennox and Addington gave a close synopsis of what transpired at committee. New Democrats put forward a couple of dozen amendments; I didn't count them all, Speaker. They, in broad strokes, tried to find parity between how we treat alcohol sales and regulate alcohol sales and how now we will be treating cannabis sales. By that we were trying to find parity in the treatment around where you can do it and how, what the penalties are when you don't follow those regulations on where you can do it, and the sales. On the Highway Traffic Act, there were some areas where possession of alcohol and consumption of alcohol were being treated more harshly than possession and use of cannabis. We wanted to see some parity there because we think that this will send a signal to society that we take it seriously and that there is not one weighed differently than the other.

Again, the member from Lanark–Frontenac–Lennox and Addington talked about the massive use of regulatory authority through the LG in Council. That is something that is behind the veil of good governance, I would say. I would agree that it's not as transparent as you would want and expect your government to be. It wouldn't have taken a lot more effort on the part of the government to identify and to codify some of the aspects of the bill and the gaps that were lacking.

Let me give you one example, for instance: The bill sets out, essentially, a zero-tolerance amount for commercial vehicle drivers and young drivers under the Highway Traffic Act when it comes to intoxication or drugged driving. Now, here are the problems: First of all, we don't really know what the thresholds are going to be, and we don't yet have an approved mechanism through the federal government to test those thresholds. The science around inebriation or intoxication with cannabis

and THC in a human body system is wholly different than that of alcohol in a human. It's digested differently. We know that cannabis can stay in a body's system for five to 21 days, so there are a whole bunch of scientific issues around how we're going to test and the actual testing mechanism.

1430

Again, I digress around the point of having zero tolerance around cannabis for commercial vehicles, but we actually don't know what the definition of a commercial vehicle is. Again, this was brought up by the member from Lanark–Frontenac–Lennox and Addington. It's a good point. It's a point of clarification that could have been made. If you look at the Highway Traffic Act—the Minister of Transportation is in here. He would know that the definition of a commercial vehicle isn't as specific as one would think. We all know and can guess what they're aiming at here around ensuring that commercial vehicles and operators are under a zero-tolerance regime, but the definition is not clearly outlined. It could inadvertently capture a whole host of drivers that the bill is not intended to capture. That's one area where the government could have been a little bit more transparent and clear and added the adequate specifics in the bill to give the public an idea of what they're matched with.

On top of that specific issue, we have to juxtapose the use of medicinal cannabis. You've got a commercial vehicle driver who is found to have a percentage of THC in his or her system and will now be immediately fined. Their licence will be suspended and their vehicle could be impounded. However, if they have a prescription for medicinal cannabis, those rules don't apply. So the fact that you have zero tolerance isn't really zero tolerance. We were looking for some parity there. This is a good point that the member from Kitchener–Conestoga brought up.

We would have expected that these issues could have been worked out and clarified prior to the bill being crafted. The answer that we received from the government is that this will be dealt with in regulation around the cabinet table. I've never been privy to that cabinet table. I don't know what they talk about there. Someday I will be; I hope to be. I'll do a way better job. It will never be as a member of the Liberal Party, because I like sleeping at night. I like to be able to sleep at night knowing that I have principles and morals. But if I am ever given that opportunity, you can be assured that the use of regulation would be relegated to those areas where it makes a whole lot of sense, where we absolutely couldn't come up with the specific mechanisms in law.

This bill is so heavy on the use of regulation at a later date that the eventual action of the bill could be totally different than what we expect it to be or totally different than what it is touted to be today. For a \$26-billion-a-year industry, for companies that are ready to invest and a marketplace that has pent-up demand, for consumers who are looking for guidance, structure and a regulatory regime that is clear, whether they want to be investors or whether they want to be end users, you would think that

you'd have a government that would do its due diligence and codify the rules around it, not at a later date. It's too important to leave to a guessing game. It's a massive criticism that we'll be able to make, I would assume, for years on end. But it offers the government cover because they can say, "At that point, we didn't know," or whatever excuse they'll come up with.

But here is one, Speaker, that they didn't have to leave to regulation, one that they explicitly voted against—and it's quite shameful, to tell you the truth. The bill has four schedules. The fourth schedule deals with the Highway Traffic Act. The government has increased the fine: Schedule 4 of Bill 174 imposes a penalty of up to \$50,000 on careless drivers who cause bodily harm or death. On the surface, Speaker, you'd think \$50,000, wow, that's a big penalty if you are charged with careless driving and found guilty of causing bodily harm or death. That is a steep fine.

But if you are the family member of someone who has been killed, \$50,000 is irrelevant. It's nothing. There is no amount of money that can be placed on a loved one's life. It's actually a pittance, in the grand scheme of things. But what those advocates were calling for, in addition to the punitive and financial aspects of a "distracted driver" or "careless driver" clause in the bill, is a true "vulnerable road users" bill.

In that light, I proposed an amendment at committee. It came from the advocacy of the vulnerable road users coalition members: the Toronto Centre for Active Transportation; the Toronto Bicycling Network; the Brampton Cycling Club; Slow Down, Kids at Play; Friends and Families for Safe Streets; the Brain Injury Society of Toronto, and many others. Many of them testified at committee.

I'm suffering from the same cold that I think the Attorney General has. It's not good.

Mr. Jeff Yurek: Does that make you a Liberal?

Mr. Taras Natyshak: That does not make me a Liberal, but it does make me sick. If being sick makes me a Liberal, then maybe—I don't know.

Back to the point, Speaker: We put forward an amendment to include my colleague the member from Parkdale—High Park's previous bill, Bill 158, which was a vulnerable road users bill. What would that bill do? In conjunction with the \$50,000 penalty, here's what it would do—we can't understand why this government voted against it and we can't understand why they didn't implement it in this bill. It would require the driver who caused the injury or death being found guilty of an offence if they caused it by breaking one of the rules of the road listed in the bill. The listed rules include rules around unlicensed drivers, driving while intoxicated, driving while using a cellphone, speeding, careless driving, disobeying signs or lights at intersections or pedestrian crossovers, improper signalling, sharing the road unsafely near emergency vehicles, unsafely opening car doors and other rules.

A driver convicted of the offence is subject to the consequences for breaking the rules and to a mandatory probation order. The order will require the driver to take

a driving instruction course and perform community service. The community service must include activity related to improving driver safety and public education on driving safety. Their driver's licence would be suspended during the probation and the driver must also attend the sentencing hearing. The victim impact statements would be presented during the sentencing hearing.

It's accountability. It's a way to send a signal to drivers that, in this day and era, they have to be aware. They have to know the impact of careless driving—not just a \$50,000 fine that is typically pled down anyhow. And they actually have to take ownership of the damage that they caused and hear the impact. That was the most poignant thing that I took away from the testimony of those who talked about this specific thing: Hearing the victim impact statement and how the person who was injured or died—how it changed their lives and how, in that brief moment, their lives were changed forever, something that we would think that a progressive government, especially an urban-centred government—you guys are all about urban areas. But they not only didn't put any thought into it; they voted down an amendment that made a lot of sense for a lot of people in Toronto and in other urban areas and around the province. They could easily have done that. They left our communities less safe by neglecting to do that in their haste.

1440

It's a point of criticism, Speaker, that I will make until they make it right. Hopefully, they'll give themselves the opportunity to make it right, maybe in one of their cabinet meetings when they're talking about regulation, but we have to hope now. We can't use the function of this Legislature to make it happen because, in their wisdom as a majority government, they didn't see fit to do that, but we stand here to make it known.

Speaker, we did have a couple of amendments that did pass that I was happy with. One would amend the purposes of the Cannabis Act to specifically include youth education and prevention programs that are culturally appropriate for indigenous youth. This was a recommendation from the Chiefs of Ontario that was very clear about the importance of culturally appropriate programming. There are again areas around the relationship between the province and First Nations that are left to regulation. We don't know how that relationship or that marketplace will play out, but there it is. They didn't specifically outline a strategy or a plan or any partnership or any sharing mechanisms, although we did put amendments forward to try to make that clearer.

The other amendment that we did have passed was that the act would increase a penalty for selling or distributing cannabis to minors to match the penalty that already exists for selling alcohol to minors. That's what I was talking about earlier when I—

Mr. Gilles Bisson: Why not forestry workers and boat workers—

Mr. Taras Natyshak: Minors as in younger people—thank you. Sorry, my colleague from Timmins—James Bay; I wasn't as clear as maybe I should have been—

selling cannabis to minor adolescents, youth, rather than those who work in the mining industry.

We were looking again for gaps where there wasn't parity, there wasn't a clear relationship and there was a little bit of an imbalance there in how we treated and penalized or didn't penalize certain aspects and regulated.

That being said, a lot of the testimony at committee focused on schedule 3 around the use of electronic cigarettes and it now being treated in the same way that tobacco products are. We, as New Democrats, understand that e-cigarettes are more common now and they are being used more often as a smoking cessation mechanism. I'm learning a lot about it.

What I did learn, and what I understand and believe to be true now, is that people who use and rely on electronic cigarettes need to have a relationship of sorts with their provider, to be able to understand the technology, to be able to adequately identify the type and flavour of the vapour juice as it were, to be able to find something that's suitable for them to embark on a journey towards ending smoking cigarettes. We can argue around the specifics of where, when and how, but we have to acknowledge that this is—and we heard from the Heart and Stroke Foundation. We heard that it is 95% less harmful than tobacco use. In that light, we ask the government to clarify its rules around where it could be sold, how it could be marketed, how it could be displayed and how it could be treated and used, tasted and tested. They offered none of that.

What did they do, Speaker? They relied on regulation down the road. At some point, we will see. They acknowledge it. Again, this is so we have to trust Kathleen Wynne and the Liberal government, at some point, to deal with this in regulation. It's incredible, but as a majority government, that's the power that they have, and they are asking us to trust them. I don't know if there's any amount of trust left in the province for this government, but they're going to squeeze every little ounce out of it, as they can—

Interjections.

Mr. Taras Natyshak: Hey, listen, if you can't take a little "potshot" once in a while out of here, you are maybe in the wrong place, I would say.

But, Speaker, lots of folks in testimony at committee asked us to consider and be aware of the need for lounges. These would be designated, regulated, licensed areas where people could go and partake in cannabis. "Why?" you say, Speaker. I know. I can tell you're asking, "Why would we need lounges?" Well, because the law prescribes and is clear in that they can only partake in private residences.

Now, what if you come over from Detroit? Where I am from, in Windsor, you come over from Detroit, and now you can access recreational cannabis at the cannabis shop, the OCRC. You're 19 years old. You buy the amount you can and you're ready to partake and indulge.

Laughter.

Mr. Taras Natyshak: I don't know why you're laughing.

You're ready to smoke a joint, but you have nowhere to do it legally. You can't rent an Airbnb to do it. You can't go back home to Michigan, because now it's illegal. So a cannabis lounge serves a purpose.

There are currently compassion lounges; they operate under the auspice of medicinal usage. You walk in, and now you have a safe place with proper ventilation. You're not on the street; you're not breaking the law. In the areas where they operate, in Toronto and other major urban centres, they are, I believe, appreciated by law enforcement, because they keep that out of—it's similar to everything else.

Mr. Gilles Bisson: And pizza shop owners.

Mr. Taras Natyshak: Yes, and pizza shop owners. I mean, I hesitate to joke around this.

But this is what we've been tasked with, and it was an interesting job: We had to envision all types of scenarios that we've never had to envision before in the crafting of this bill—

Ms. Jennifer K. French: In a very short period of time.

Mr. Taras Natyshak: In a very short period of time, for sure. So there are certainly things and scenarios we missed. We missed the fact that people are going to be able to smoke in their private residence, but their private residence may also be a workplace. That is not clearly articulated in the bill.

We brought it up as an amendment so that there was protection for the workers that are in that private residence. Think of a group home. Not only did the government vote down that amendment, but guess what they said, Speaker. "We'll deal with that in regulation at some point down the road."

It's incredible. I've never seen a bill like this before. If they say they are giving themselves flexibility, that's one thing, but I think they are giving themselves an out for having to do it right the first time and to actually put the work in in the consultation process.

Do you know what would also have been pretty novel? Talk to the opposition members. Talk to the opposition parties and see what their thoughts are, because we have certainly put our research time in and talked to members of civil society who are dealing with this and contemplating it. That probably would have been a productive way of dealing with this bill. Nevertheless, they threw this together, and most of it will be dealt with down the road.

Speaker, I think I hit on most of the issues here. New Democrats, again, have long advocated for decriminalization. I wonder if, at the federal level, our federal colleagues are looking at whether there's ever going to be any attempt by the Liberal Party, or any party, to deal with previous records for possession, because that's an important component that has been left out. Folks' lives have been changed for having a joint or a small amount of cannabis that, under these regulations, would be and is going to be legal. Is there any consideration to commuting or expunging or pardoning those previous offences?

Because that would certainly send the signal that we probably should have done this a long time ago.

1450

New Democrats suggested in the early 1970s that the war on drugs, specifically cannabis, was a wasted venture. We could have dealt with it and treated it like we are now, or are about to, and saved a lot of people a lot of hardship, and potentially done some good in eliminating the underground economy and the illicit market. But here we are in this day and age.

Speaker, my hope is that this works. My hope is that the government doesn't rush through the regulation process and actually takes the time to consult, because they can even get that wrong down the road.

We certainly have made our voices clear on this. We've attempted to make the bill stronger. We've supported and will continue to fight for vulnerable road users, who made a strong case for us to do more to protect those on our roads.

All said, this bill opens this marketplace, and we will see what comes down the road. New Democrats will be there to make sure that any legislation that's put forward is always going to be in the best interests of Ontarians.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Hon. Steven Del Duca: I'm very happy to have an opportunity to spend a bit of time this afternoon speaking about Bill 174. I've had the chance, as I know many members have here in the House today, to hear some of the debate. It don't think it will come as a shock to anybody in this place or to those watching at home to know that, given my responsibility as the Minister of Transportation, I will probably spend most, if not all, of my time in debate this afternoon talking about those aspects of the legislation that deal in particular with road safety.

There are a couple of things I want to stress right off the top, to sort of set the table around the rest of the remarks that I intend to provide.

First of all, it has been very interesting for me to hear members from both opposition caucuses, this afternoon, talk about multiple aspects of the legislation and the new reality that we are moving toward for what we anticipate will be post-July 1, 2018. I couldn't help but be a bit surprised by some of the commentary I heard around the road safety provisions. I'll get into that in just a second, mostly in the interests of genuinely trying to be instructive for some of the members in the House, who I genuinely believe, on the road safety piece, have their hearts in the right place. I'm just not sure that they entirely understand some aspects of the legislation, particularly around the vulnerable-road-user piece.

Before I get to all that, I would say right off the top that every member in this chamber has heard me say on multiple occasions over the last three and a half years or so, since I first became Minister of Transportation, that road safety really and truly is the number one priority for Ontario's Ministry of Transportation. It's so much of a priority that our team, both within the public service and

within my office, is partnering very closely with multiple road safety partners, many of whom appeared before the Standing Committee on Justice Policy to talk about this legislation—representatives from CAA, the Ontario Safety League, Friends and Families for Safe Streets, and Arrive Alive Drive Sober. We are blessed here in the province of Ontario because we really and truly do have extraordinary road safety partners. We also work very closely with the OPP and with other law enforcement agencies right around the province. All of that, combined with the fact that we have extremely tough laws on road safety, is largely the reason that for the last 16 consecutive years our province has ranked either first or second across all of North America for having the safest highways. In fact, in one year not that long ago, the only jurisdiction that was able to outpace Ontario as it relates to highway safety or road safety was the District of Columbia. I think everybody here would understand that when you compare the geography of a province like Ontario, with its vast expanse of terrain, to the District of Columbia, it's an even stronger indication, in many respects, of how happy we should be. Notwithstanding 16 consecutive years of ranking first or second across North America for highway safety or road safety, we know at the Ministry of Transportation that we have to do more. It's why we've not only introduced but, in my time as minister, passed two other pieces of legislation, Bill 31 and Bill 65, relating specifically to road safety: toughening penalties on distracted driving; introducing, for the first time ever, sanctions in the Highway Traffic Act relating to drug impairment; toughening penalties for alcohol impairment; toughening penalties for dooring; adding in the one-metre rule that requires drivers, where possible, to maintain a minimum distance of one metre between themselves and cyclists; and so much more.

In Bill 65, the school zone safety act—I might have the title off just a little bit—the general notion that we are now enabling our municipalities, municipalities that wish to proceed with technology for school zones and community safety zones, to deploy photo radar technology in their jurisdictions, which was called for by a number of our both large and medium-sized municipalities around the province.

I just point all of that out to say, I guess by way of somewhat a preamble, that I take my responsibilities extremely seriously as minister as they relate to road safety at all times. I also know that members of the opposition—notwithstanding the partisan cut and thrust that exists, and rightly so, here in this chamber—take it seriously as well. I value the contributions made at both committee and also here in question period, and in the course of debate, that come forward in terms of suggestions from members of the opposition.

As it relates to vulnerable road users and as it ties back in to Bill 174, I do want to take a very quick moment—I already acknowledged the members of the public, the members of our road safety partnership ecosystem that came forward to committee—to point out, frankly, Speaker, member from the NDP caucus the member from

Parkdale–High Park. I want to thank her for her ongoing advocacy as it relates to this. I know she brought forward private member's legislation on the vulnerable road users' piece not that many weeks ago. I respect the perspective that she and others, including the member from Kitchener–Conestoga, the Conservative critic for transportation, bring to this debate.

Just here this afternoon, there were a couple of things that I heard on the vulnerable road users' piece that I just wanted to make sure there is a clear understanding of from my perspective and from the government's perspective about why we made some of the decisions that we made both in the legislation itself but also with respect to some of the decisions that were made at committee. I'm hoping not to dwell on this too much, Speaker, but I think it's important for people to understand that we did not make the decisions in a vacuum. We did not make the decisions so as to deny people the opportunity to have the safety that they deserve to have when they are out and about on our roads.

I've had the chance to meet with organizations and friends and families of those who have been injured or killed on our roads—pedestrians, cyclists, obviously, the families of motorists who have lost their lives and passengers in vehicles who have lost their lives—I would say in particular, in some respects, in response to the member from Essex's comments in the last round of debate from the NDP: Again, I get the perspective that he is putting forward in that there were proposals embedded in the member from Parkdale–High Park's private member's legislation that the NDP sought to bring to committee to have the legislation amended. Clearly, from what I heard this afternoon, there was disappointment that we did not include those. I do understand that.

But I would only say that I'm not entirely certain there is a complete understanding on the part of some of the members of the House of why we moved forward the way that we did, particularly around the brand new offence that we are proposing in this legislation to include in the Highway Traffic Act for those individuals who are convicted—and let me say right off the top, Speaker, a conviction in this regard actually would be, if passed, the toughest penalty in the Highway Traffic Act. The new offence would be for careless driving causing death or bodily harm. Obviously, that would include careless driving causing death or bodily harm for cases involving vulnerable road users. Now, what we heard this afternoon was that a maximum fine of \$50,000 is a large figure. It's a steep fine—a very tough sanction. At the same time, there would be some other penalties: no more than two years or up to two years in prison, potentially, upon conviction.

What we heard today was, notwithstanding the length of the potential prison term, notwithstanding how steep the fine would be at \$50,000, potentially, that we should have also provided the opportunity for additional measures around driver retraining, around a licence suspension etc. as was mentioned today, in the legislation, and also that the accused would have to actually show up in

court to hear the proceedings, including the impact to the victim.

1500

There are a couple of things I would say about that.

First of all, every single one of the added measures that was referenced today and has been referenced by others is still within the purview of a judge that would be hearing a case, notwithstanding what's contained in our legislation.

Secondly, this would be, if passed, the toughest penalty in the Highway Traffic Act. That's really important for me to stress. This represents a tool that our justice system currently does not have at its disposal. There is a Criminal Code provision that could be, in theory, applied, one with tougher penalties that is on the books right now. It has been for some time. What we have heard from our road safety partners, what we have heard from the friends and families of victims—and they're right about this—is that, because the evidentiary burden for those provisions, the Criminal Code provisions or sanctions, is very high, too often within our justice system, whether we're talking about law enforcement or other participants within the justice system, those provisions in the Criminal Code are not used. They are not exercised, they are not utilized, because the evidentiary burden is so high.

To the comment made earlier about being pled down, there isn't within the Highway Traffic Act currently an opportunity for a police officer at the scene of an accident to actually use any other tool between that Criminal Code provision and some of the measures—albeit tough measures, but not quite this tough—that we currently have in the Highway Traffic Act.

I would say to all members that, putting yourself in the position of law enforcement, they would now have, if this legislation passed, another tool that they could use, one for which the evidentiary burden is lower than what is required for the Criminal Code. Not to get too far into the weeds, I suppose, Speaker, but within the Highway Traffic Act, if I understand it correctly, versus the Criminal Code, it's the notion of whether or not there was—I'll use the term "wilful intent": whether there was the intent to cause bodily harm or to cause death when behind the wheel of a vehicle. That is the requirement within the Criminal Code. Within the Highway Traffic Act, that requirement doesn't exist, certainly not to the same extent or with the same evidentiary burden.

It's important to remember that by passing this legislation with this particular provision, we are giving both law enforcement and our judges a significant tool in the arsenal that they will have at their disposal to make sure we can keep our roads safe and make sure we can keep our track record as strong as it has always been.

I will also say that, given the size of the potential fine at \$50,000—I'm sorry, Speaker, that I'm forgetting exactly what the correct threshold is. But once you move beyond a certain threshold within a proceeding, there is a requirement for the accused to be in court, to be physically there. I just can't remember the exact cut-off line for the fine itself, but I would say, within these proposals

coming forward, the notion that the accused, as I'll call it, or the person driving the vehicle would have to be in court is, in fact, implied. It's more than implied; it's required with this particular new tool that we would be putting in the act. I just wanted to make sure that that was clear and on the record.

I believe we have moved forward significantly with respect to providing more protection for vulnerable road users in this regard. I know, Speaker, that I highlighted members of the opposition caucuses. What I neglected to say, but I will right now, is that I also want to thank our MPP, our member from Burlington, the Minister of Tourism, Culture and Sport, who herself has long been a champion for fighting hard and relentlessly for vulnerable road users and who, in her own time before joining cabinet, brought forward private member's legislation to protect vulnerable road users. I want to thank her for her advocacy and for the good work that she continues to do in this regard.

A couple of other things I will say as well relating to drug-impaired driving: I know, Speaker, that there are concerns about whether every single piece of information is available at this particular time with respect to the technology that will be required to appropriately test at the roadside. I know there are concerns around what is the right definition for a level of impairment when it comes to drug-impaired driving. I understand that, and I believe I have said, perhaps here in this chamber but certainly in talking to media and talking to our other road safety partners, that from a broad perspective or at a broad level, I can understand the concerns. Frankly, Speaker, I share the concerns that we have a lot of work ahead of us, working with not only the road safety partners and law enforcement that we have within our jurisdiction here in Ontario, but also working closely with our federal partners.

I share the concerns, but here's what I do know. Notwithstanding what was mentioned earlier today with respect to whether or not cannabis really will be legal by July 1, 2018, because one member from the opposition mentioned that perhaps it might not be done by July 1, we have a profound responsibility on this side of the chamber, in the government, to make sure—given all of the public pronouncements that our federal partners have made around that new reality that they anticipate, expect and are working towards realizing that cannabis will be legal come July 1, 2018. We, on this side of the House, have a responsibility to the people whom we represent in this province to make sure that in all areas—so within my responsibility, as it relates to road safety—we are ready to help the travelling public safely transition to that new reality. That's what we are doing here in this particular legislation, Bill 174, with the provisions that we provided that build on some of the other provisions as it relates to drug-impaired driving, for example, that were contained in Bill 31.

The first thing I would say is that, because of the responsibility we have, we can't simply stand here in this

House and do our work and suggest, "Well, it may not be legal by July 1, 2018, so just wait."

First of all, that's not Ontario's style. That's not our way. We lead in this province and, in particular, we lead on road safety and highway safety, as I mentioned earlier. So we have to be prepared. We have that responsibility to the people of the province.

Secondly, it's because we have passed other measures in legislation like Bill 31, and also because in Bill 174 we have additional measures, like the fact that we would be proceeding with zero tolerance for commercial, young and novice drivers for some very compelling reasons. We know that our young and novice drivers are often at a higher risk because of, perhaps, their lack of awareness and their inexperience on the road. We also know that commercial drivers, those who are operating large commercial vehicles in particular, when they're involved in an incident or a collision, the impact of those collisions is significant and, unfortunately, far too often can be borderline horrific. We wanted to make sure the tools were in place within this legislation that would help ensure that transition through July 1, 2018 to the other side when cannabis, we expect, will be legal, and that they were, in fact, in the legislation and ready to be deployed.

The discussion around the technology, the oral fluid screening device and the level of impairment—I would tell you, Speaker, that I believe rightly so that those are the primary responsibility of the federal government. It does not mean that the Ministry of Transportation and other partner ministries, like community safety and correctional services, like the Ministry of the Attorney General, like all of our law enforcement partners—many of whom have expressed concerns, and I get that. I get those concerns. It does not mean, simply because we look to pass this legislation, that we don't believe there is more work to do, and we are doing that work. We are working hard; we are working as quickly as we possibly can.

But the legislation sets the foundation. It sets the table to make sure that, as we continue to work with our federal partners and those others that have expertise in this area, we can land in the right place and make sure that the tools are there for us to enforce the new law, should this pass, and to keep the travelling public safe.

Those are just a couple of things that I wanted to highlight. But again, I do want to thank members of the opposition, who have been, I think, thoughtful as it relates to the debate on this topic. I certainly want to thank my colleagues on this side of the House for working collectively, collaboratively and as hard as we have, as a team, to make sure that the province of Ontario is leading and is fundamentally ready for the new reality that we expect will exist post-July 1, 2018.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Michael Harris: It's a pleasure to finally get a chance to actually speak to Bill 174. This is third reading. I was really hoping to have an opportunity to speak on this during second reading debate, but sadly, with the aggressive agenda that the government had on this, it pre-

vented the majority of members here in the Legislature from actually speaking to that. In fact, there were only three official opposition members from the PC caucus who got an opportunity to speak to this particular bill—a significant bill—at second reading. As transportation critic, a lot of components within this act pertain to the Highway Traffic Act, but I was completely shut out of the debate.

1510

I was reading the media scan this morning from late last week and I couldn't help but come across a story from Richmond Hill by the CBC, headlined "Weed Stores Will Soon Be Legal Across Ontario, but Richmond Hill's Mayor Wants No Part of It." It goes on say, "Barrow said the province is rushing its rollout and municipalities like his deserve the right to abstain until the plan clears up."

"When you've got your act together, we'll be happy to talk to you," he said of the Liberal government. "I think they're running way too fast with this."

As I said earlier, of course the government was rushing this particular legislation in. They pulled the plug, they invoked closure and they brought forth a time allocation motion. I had an opportunity to speak to that for only just over 10 minutes. It severely limited the amount of time, frankly, that the provincial government has allowed for public input on their response to federal cannabis legislation and drug-impaired driving. So I want to make the most of the remainder of my time—14 minutes—here.

From the start, Bill 174 has represented a clear Liberal attempt to cloud the important issues and questions surrounding this province's preparation to meet cannabis-impaired drivers upon legalization. It has been an attempt to prevent proper focus and debate on important measures that, frankly, have nothing to do with the production of cannabis or distribution of cannabis. Let me be clear, Speaker: The safety of our communities, our students and our roads should never be used as a pawn to move the government's agenda forward.

As PC transportation critic it will be those issues of road, motorist and student safety that I will be focusing most of my remarks on today. That said, as critic I can tell you that after a whirlwind round of Liberal time-limited committee deliberations, I remain disappointed that we see no change as we continue to debate serious Highway Traffic Act measures as part of a larger omnibus bill building the foundation for unfettered pot production and purchases through the CCBO. Instead of providing a platform to properly debate and consider cannabis distribution in Ontario, we get a bill that they've jammed full of Highway Traffic Act and other measures that should have no place in a cannabis distribution discussion.

In a thinly veiled attempt to coerce our buy-in on questionable impaired rules that may in fact leave motorists and pedestrians vulnerable, the Liberals actually stuffed this bill with careless driving and distracted driving penalties as well as school bus camera legislation that we on this side of the House have been pushing for years.

Yet, instead of moving forward with or supporting many of these same HTA measures when they were proposed by PC opposition members amending previous legislation, which the minister spoke about—legislation that clearly dealt with opening up the Highway Traffic Act—the Liberals waited to insert these same measures in cannabis legislation that has little connection, frankly, with the Highway Traffic Act. I will say it again: It remains an obvious attempt to force our support without debate and politicize issues that have no business being politicized.

In honesty, I still haven't gotten an answer with regard to what school bus camera safety legislation, a measure that should already be in place, has to do with the sale of cannabis. If anybody has that answer, I'm willing to hear them out on it but, again, I think we already know what the answer is.

If the government members were really concerned about student safety other than partisan politics, why would they have failed to support my colleague from Chatham-Kent's private member's bill to allow the use of school bus camera evidence in court, and why would they stick it in a bill dealing with pot?

If the government members were really concerned about student safety other than partisan politics, why wouldn't the member from Kitchener Centre have dispensed with the attempts to limit debate on these same measures when I brought them forward at committee months ago? That was referencing the Safer School Zones Act, of course. The Liberal colleagues pulled out all the stops to ensure we couldn't talk about school bus cameras. You talk about more consultation, but a lot of the legislation as it pertains to school bus cameras is left up to regulations. There is very little in the bill that goes even further than what we spoke of.

Of course, we talk about how Bill 174 has the implementation hole you could, frankly, drive a school bus through. Despite the Liberal's inclusion of school bus camera wording in here to force opposition support, there is nothing that will actually guarantee the safety of our students the next school year or beyond. It's all left up to regulation.

Again, we agree that there are many important measures we do support in Bill 174, but jamming them all together in a pot bill prevents the due focus, consideration and debate that they deserved and certainly that is deserving of the discussion surrounding pot distribution in the province. If I have time at the end, I will look at other some of the other HTA-related aspects that should have no part of pot discussion; but in the time that I do have, I would like to examine a couple of the areas that continue to cause concern, despite attempts to rectify them at committee just last week.

I will start off by repeating what I have said many times in this House before: We all agree that those impaired, whether from alcohol or drugs, should not be driving, period. That's why it seems strange that some two years after we passed drug-impaired laws and months away from cannabis legislation in Canada, in addition to targeting

only young, novice and commercial drivers, Bill 174 provides medical exemptions that by their very definition mean the zero-tolerance approach that is proposed is, in actual fact, only zero tolerance for some.

I can tell you, given the implications of cannabis legislation and its impact on potential impairment coming right around the corner, it is essential to get this right. I think we all understand those implications. The fact is that this is a huge concern for all Ontarians. They are depending on us to get it right. They see the potential for the oncoming wave of impaired drivers, once the windows open at the CCBO, and they want to know the government is there to ensure the safety of motorists, pedestrians and all those who travel on our roads and, of course, our sidewalks.

Recently, we were honoured to have the chance to be joined in this House by our safety partners at the Canadian Automobile Association and had a chance to discuss our concerns with the potential oncoming of cannabis legalization and drug-impaired driving. They, too, have done a lot of digging on this file. They have gone to their members, the motorists of Ontario. From what they're hearing, there is a growing and very serious concern as to what we have in store. In fact, the recent CAA study indicates specifically both widespread understanding of the need to properly penalize impairment as well as the recognition that increased impairment is not just a possibility and in fact will be a reality.

According to their survey, road safety is front of mind for many, as 77% of respondents said that it will be a concern for them once cannabis is legalized and believe cannabis-impaired driving will become more frequent. In fact, 66% of them said that. Slightly more than one in 10 drivers have driven a car after smoking or ingesting cannabis. Current users are more likely to engage in cannabis-impaired driving, as two in five claim to have driven under the influence. Speaker, 75% were in favourite of supporting stricter fines and penalties for cannabis-impaired driving. When it comes to the safe use of cannabis, 74% of all respondents said that public education of cannabis-impaired driving laws and penalties was most important to them, followed by health risk.

Those numbers are as eye-opening as they are also disturbing. The questions are not if drug-impaired driving will be on the rise; the questions are: What are we going to do about it come July 1? Again, two in five current cannabis users claim to have driven under the influence—two in five, or 40% of those using cannabis, climbing behind the wheel after ingesting cannabis. Those kinds of numbers only further underline the need for those of us in this House to ensure we get this right, to ensure we give these issues the focus and debate they deserve to ensure the continued safety of motorists right across the province.

Anyone questioning the need for increased measures need only look south of the border, where the cannabis legalization route has meant increased accidents and further concerns over the impact of drug-impaired driving. It was just two months ago that we heard a Colorado police

chief, Greenwood Village Police Chief John Jackson, tell us that legalization in the rocky mountain state drove impaired driving to skyrocket, stating, "We've seen the carnage on our highways from it."

Here are the facts: Colorado saw its highest number of vehicle crash fatalities in 12 years after pot was legalized. Of the 608 fatalities recorded, 125 were cannabis-related. Is that where we are headed? Is that where Ontario is headed?

That's why we've continued to work to improve the bill to better deal with the potential of the oncoming tragedy. It's why we remain concerned at the lack of movement or answers from this government.

1520

As of today, three weeks after our first ministry briefing, when we asked specific questions surrounding the procedures for police to follow to require further testing despite the medical exemption found in Bill 174, the ministry is still unable to report the testing procedure for those suspected of impaired driving who have a medical certificate—rather, who are under the influence of impaired driving. In addition—field sobriety would be first but, of course, then they've got the oral fluid test. They may or may not be even required if you've got a prescription. So if you are a recreational user or you are a user that has been prescribed cannabis, there are really two sets of rules.

Hon. Steven Del Duca: No, there aren't.

Mr. Michael Harris: There are.

Interjection.

Mr. Michael Harris: Not as it pertains to impaired driving.

The Acting Speaker (Mr. Ted Arnott): I'm enjoying this conversation to a point, but I have to cut it to a conclusion because the member for Kitchener-Conestoga has the floor.

Mr. Michael Harris: Anyway, we were promised those answers, of course, two weeks ago. My office has asked the minister's office directly three separate times to follow up and, of course, unfortunately we have still no answers.

Our concern? A medical prescription cannot be a get-out-of-driving-under-the-influence-suspension-free card. That said, we remain concerned to this day, as the Liberal members refuse to support significant amendments to specifically address the potential for medical exemption to dilute what the government puts forward as a zero-tolerance approach; zero tolerance in fact for some, but not some others.

I know my colleague earlier mentioned a motion we put forward to create an education and awareness fund. As I noted earlier, the CAA study indicated that when it comes to the safe use of cannabis, 74% of all respondents said public education on cannabis-impaired driving laws and penalties was most important to them. That's what the people of Ontario were calling for. It's what the government of New Brunswick moved forward with. It's what we proposed to be part of the bill we see before us today: the amendment call for the creation of a cannabis

education and awareness fund, to help support awareness campaigns in a number of ways. The fund would be used:

"1. To fund education and awareness programs relating to cannabis, including programs concerning the prevention of cannabis abuse, the responsible use of cannabis and strategies for the reduction of the adverse health effects of cannabis.

"2. To develop and implement policies and programs relating to the responsible consumption of cannabis and reduction of its adverse health effects and the promotion of corporate social responsibility in the distribution and sale of cannabis." Of course, it goes on and on.

That, despite a lot of debate back and forth at committee over the use of oral screening devices, as I had said earlier, and Bill 174's direction for use of the technology only for young, novice and commercial drivers, remains an issue that MADD Canada has asked us to address. Ahead of our committee discussions surrounding an amendment we put forward to ensure the provincial bill targets oral screening for all, the CEO of MADD Canada wrote a note in of support:

"MADD Canada strongly believes that the oral fluid screening devices will serve as a powerful tool of deterring drug-impaired driving, and police officers should be able to use them on all drivers. The current restriction of using the oral fluid screening devices for only novice and commercial drivers is a major policy flaw and will greatly restrict police officers' ability to apprehend drug-impaired drivers."

As we discussed at committee, a regular G driver suspected of alcohol impairment would be compelled to take a Breathalyzer, but if they're suspected of drug impairment, Bill 174 does not compel them to take a swab saliva or oral fluid test. Other jurisdictions understand the importance of including wording to support federally approved screening for drug impairment. In fact, in New Brunswick, as I had mentioned, the legislation clearly indicates measures to ensure all drivers suspected of drug impairment take the screening, but Ontario's legislation has no such measure, only noting the testing for young, novice and commercial drivers.

Our amendment would have ensured that we include precise and clear wording, as per the concerns of MADD Canada and as per the wording in New Brunswick. If approved, the amendment called for wording into Ontario's response to federal legalization, ensuring that our provincial legislation would have clearly called for police to utilize oral screening for any driver they suspect of drug impairment. Unfortunately, of course, the amendment also failed to gain the Liberals' support.

During committee hearings we heard Brian Patterson quoting the Canadian Medical Association's Dr. Diane Kelsall. As I conclude, I think her words bear repeating:

"From my perspective, from my colleagues' perspective, this legislation is being pushed through.... We're just very worried that we're conducting a national experiment and unfortunately the guinea pigs are kids."

I do worry about the implications for all across our society—kids, students, pedestrians, motorists and cyclists—as this experiment moves forward.

Speaker, I appreciate the 15 minutes I had today. I wish I would have had further opportunity at second reading. It's a major, major initiative in the province of Ontario. I thank you for your time.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Hon. Eleanor McMahon: I'm delighted to rise in the House today to join the important debate on Bill 174. In doing so, I want to thank members of this House and join the member for Kitchener-Conestoga. I understand the member for Essex was on his feet earlier. I want to send a special note of thanks and respect to my colleague the member for Vaughan, the Minister of Transportation, for his partnership and his ongoing work on what has become an incredibly important piece of legislation.

I'm going to focus on careless driving in my remarks today in the time that I have. Members of this House may remember that in June 2016, I introduced Bill 213, the Highway Traffic Amendment Act. That was last year, Speaker, in June 2016. It was legislation that would seek to enhance sanctions for careless driving, including enhanced penalties for careless driving causing death or bodily harm, and in fact would create two new charges in the Highway Traffic Act for the first time.

The impetus for this legislation was twofold—and emanated from a very personal tragedy in my life, as members of this House will know. On June 6, 2006, my late husband—who was an OPP sergeant—Greg Stobart was killed riding his bicycle north of our home in Milton.

The gentleman who killed him was charged with careless driving. As a consequence of that, his sentence included 100 hours of community service and a further suspension of his licence. He already had, at the time, several convictions—in fact, five for driving under suspension and four for driving with no licence—and was what many would call a repeat offender in the system, someone who continually drove and so the consequences didn't matter.

I sought to update the Highway Traffic Act and give it teeth and consequences. Reforming behaviour means creating consequences.

The second impetus for this legislative change was as a consequence of the tools that officers need. I'm grateful to my late husband for the many times that he came home from his duties when he was on the road and told me how frequently careless driving felt like a tool for him that didn't have enough teeth or meaning. It was a legislative charge—until now, I'm happy to say—that wasn't terribly meaningful, nor did it have a great deal of specificity or teeth, consequently. Officers use it very often, and I have to say, Speaker, the consequences, which is why we're here, are not very meaningful for those who lose a loved one who is killed or severely injured.

To my friend Sergeant Brett Carson of the highway safety division of the OPP, I owed a debt of gratitude. It was Brett whose advice as a sergeant on the road, a

collision reconstructionist with 25-plus years of experience, and an officer who has adjudicated many cases—it was his experience that helped me to think through the kind of meaningful tool—and the Minister of Transportation referenced this—that we needed to give officers in the consequence and in the execution of their duty.

At its heart, the amendments that we're proposing in Bill 174 and the changes to the Highway Traffic Act—two new charges—are targeted at vulnerable road users. Why, Mr. Speaker? When I tabled my bill, I had at the news conference Constable Hugh Smith, who is now retired from the Metro Toronto Police Service. At the press conference, Hugh, who had 30-plus years as a sergeant on the road, said that in the thousands of careless driving cases that he had made or allocuted on in court or given evidence in, not one of the people who had been convicted of careless driving and killed someone had ever gone to jail or, in his view, received significant consequences. I think that's incredibly telling.

Constable Smith was also responsible, incidentally, for cycling enforcement in the Toronto Police Service. So, as I have—by personal experience—he had adjudicated a number of cycling and pedestrian deaths, with little satisfaction to the survivors who remained, with a charge of careless driving that again—until now, I'm happy to say, Speaker—had very little teeth and very little meaning. This ability for a sentence to include remedies like driver training—and this has been talked about—remains. These are important penalties, and they remain there. They are in the purview of a judge. In fact, it is within the judge's discretion to do that.

1530

What we are trying to do—and I'm glad to hear members of this House speak to it—is to create the toughest penalties in Canada. When passed, this law will create two new charges—as I've mentioned, careless driving causing death and careless driving causing bodily harm—thus giving officers the tools they need to keep our roads safe, thus giving them the tools they need to give satisfaction to the loved ones who remain, that in some way, shape or form the maximum penalties allowed under the act are going to apply.

I can tell you, Speaker, as a survivor of a terrible collision like this, that it's extraordinarily meaningful when, as a legislator, I can now stand in this place and speak to a law that is incredibly important to me personally.

I know that my time has run out. It has been my privilege to join this debate with the other legislators in this place to ensure that we have a law that meets the requirements, that speaks to those who are left behind but also to those we have lost.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Pursuant to the order of the House dated November 22, 2017, I am now required to put the question.

Mr. Naqvi has moved third reading of Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make

amendments to the Highway Traffic Act respecting alcohol, drugs and other matters.

Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion will please say "aye."

All those opposed will please say "nay."

In my opinion, the ayes have it.

Call in the members. This will be a five-minute bell.

Interjection.

The Acting Speaker (Mr. Ted Arnott): I wish to inform the House that I've received a request for a deferral of this vote pursuant to standing order 28(h), requesting that the vote on third reading of Bill 174 be deferred until deferred votes on Tuesday, December 12. It's signed by the chief government whip.

Third reading vote deferred.

**STRENGTHENING QUALITY
AND ACCOUNTABILITY
FOR PATIENTS ACT, 2017**
**LOI DE 2017 RENFORÇANT
LA QUALITÉ ET LA RESPONSABILITÉ
POUR LES PATIENTS**

Resuming the debate adjourned on December 7, 2017, on the motion for third reading of the following bill:

Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients / Projet de loi 160, Loi visant à modifier, à abroger et à édicter diverses lois dans le souci de renforcer la qualité et la responsabilité pour les patients.

The Acting Speaker (Mr. Ted Arnott): When Bill 160 was last called for debate in this House, the member for Elgin–Middlesex–London had the floor. I return to the member for Elgin–Middlesex–London.

Mr. Jeff Yurek: Before I begin my speech on Bill 160, I just thought I would raise in the House our apologies to the Colombian family in Elgin county, St. Thomas, who was attacked on the weekend at the Elgin Mall with a baseball bat. It was a terrible assault where the person was claiming that they were ISIS. It was a vicious assault on these people. I just wanted the House and the people of Ontario to know that that type of behaviour is not what represents the people of Elgin–Middlesex–London. It's not going to be tolerated. Our population, our people, are with the people who were assaulted. We're glad that they're safe, and we're thankful that the police were able to apprehend the suspect and put him behind bars, where he belongs. I just wanted to raise that in the House while I had the opportunity to speak.

I am proud to rise again, on behalf of the PC Party and our leader, Patrick Brown, to conclude our third reading debate on Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients. As I mentioned before, Mr.

Speaker, this bill is an omnibus piece of legislation that contains 10 separate schedules, or, in other words, 10 separate pieces of legislation bundled together, rushed through this House in order for the government to be perceived as changing health care in our province in a positive manner.

Unfortunately, what we've seen through debate and the committee period is the fact that this government has bungled this piece of legislation. As mentioned earlier, we had over a week and a half of amendments at committee, and last Sunday we received a redraw of schedule 9—which is a whole bill within this piece of legislation—rewriting the whole piece of legislation, because the government wasn't quite articulate in what they actually wanted to pass in this piece of legislation. Unfortunately, Mr. Speaker, so much of this legislation is being left to regulation.

As I mentioned, the extended amendment period—the government is no further ahead in explaining how the bill will affect health care, accountability or transparency. The majority of the questions were either answered by the lawyer sitting where the staff sit, or the typical answer from members of government during committee was, "This will be deferred to regulation."

Unfortunately for Ontarians, with this bill, protection of their personal health information is being deteriorated. There is little clarity in the bill on how this will affect patients in the future. As I mentioned earlier, this omnibus piece of legislation is being fast-tracked through the Legislature. Too much is being left up to regulation, and this ministry is being given sweeping powers with no way to determine what it will mean for health care providers, patients or the financial impacts of this bill.

Although many groups, organizations and individuals came forward to share their thoughts through the committee process, little or no action was taken by this government. Only one—as I mentioned previously, the other day—of the dozens of PC amendments that we brought forward was accepted by this government. In fact, if you check committee Hansard, we had the vote recorded for posterity's sake and the fact that this is probably only the third amendment this entire session in health care that has been accepted by this government. There was no attempt on the government's part to study our prior amendments and to have dialogue on the proposed changes. Instead, the government members kept their heads down and voted no on each and every amendment, save one that we brought forward.

Mr. Speaker, I was also taken aback during the committee process when a member of the public was challenging the government on their failure to fund rare disease drugs, specifically for cystic fibrosis. The medication's name was Orkambi. Orkambi is in the middle of a process of being brought onto the Ontario market. It's stuck in the system as we see it. Usually when a drug is approved to be sold in Canada and before it's funded under most drug plans, Health Canada will approve the drug, and manufacturers will apply to CADTH, the Canadian Agency for Drugs and Technologies in Health, to have

the drug reviewed through our Common Drug Review. That usually takes six to eight months. Then, the Common Drug Review will review the clinical evidence and its overall cost, and, basically, on the advice of the Canadian Expert Drug Advisory Committee decide if it's covered or not. That, for Orkambi, has been completed, and they've decided it's a drug that should be further warranted to be covered in this province.

What happens after that is that usually it goes to the pan-Canadian Pharmaceutical Alliance, which is all of the provinces coming together—the executive officers or the deputy ministers—to decide and negotiate drug prices for these new medications coming onto the market. The federal government has since joined that process. Then, if they get a drug approved with a price negotiated, our executive officer of the drug benefit decides when to implement that into our system.

As I mentioned, Orkambi—which was discussed at committee—has passed the CADTH system; however, it's frozen, as I mentioned. It has been two years since the pCPA, the pan-Canadian Pharmaceutical Alliance, has been negotiating the drug price for this Orkambi. It's a highly effective drug. As the deputant at committee was saying, it saved his life and returned him to work. He's a lawyer. He was advocating that rare disease drugs, which this government has failed to provide to the people of Ontario—and this one specifically—should be covered.

1540

During the questioning period, the member from Kitchener Centre announced to the committee that OHIP+ would be covering Orkambi. Unfortunately, that stopped the deputant in his tracks. I think he was making quite good arguments on why Orkambi should be covered. It was shocking because afterwards, when I mentioned it to him, he said, "Well the pCPA process has been frozen for two years. It's amazing that they've got this covered." It's unfortunate that the member for Kitchener Centre was wrong. OHIP+ isn't covering Orkambi, and it stopped this deputant from speaking. But it raised the issue of how confusing OHIP+ and other policies this government is bringing forward are.

It speaks to the fact of being rushed. When the government is rushing policies, procedures and bills, things get murky. They're not clear. What this government has been proposing with OHIP+, which was most likely designed a week before the budget was released because the NDP was pushing their plan so much—members don't understand what is going to be covered with OHIP+ and what's not. Unfortunately, the member from Kitchener Centre announced that Orkambi was going to be covered when, in fact, it's not.

That is a concern, when the government's own members don't have an understanding of the policies of how they're going to be operating in this province. I don't know how they expect the patients of Ontario to understand how their policies are going to affect them. It speaks to the committee, where multiple questions were asked on the opposition side of the committee, and the governing members had no idea how to respond. It's quite frustrating

when you're working in a process, looking to debate the amendments, vote on what's best for the people of the province and bring forth what you hear at committee, and you can't get an answer on how it's going to be run other than, "Ask the lawyer," who tells you where to look in the law for an answer otherwise, or, "We'll leave it up to regulation." Unfortunately, we won't have much input in the regulation process. We're shut out. The government posts on their website and takes some comments, but there is no debate or discussion.

We have an omnibus piece of legislation, such as this, where we don't know how it's going to operate. We don't know how the transparency is going to work and we have no idea of what the cost is going to be. It's going to be left up to this government—and if you look at the Auditor General's reports, as the member from Nepean-Carleton mentioned, over her 12 years, they keep getting thicker and thicker with regard to this government's inability to manage the system. We're giving carte blanche to this government to go forward with this bill.

What we can get from committee is that Orkambi is not going to be covered under OHIP+, nor will the majority of rare disease medications that this government currently does not cover. It's the same formulary as the seniors' plan, ODSP, Trillium and the other ones this government runs. It's due to this that people aren't getting the treatment they need in this province. Our party has put forward in the People's Guarantee that we're going to continue with OHIP+, but we're also going to investigate ways to increase support for those with those who need rare disease coverage. We're going to look at funding take-home cancer medications so that the people who are falling through the gaps because of this government's mismanagement and rush to create policy—it's hurting too many people.

Mr. Speaker, I mentioned earlier, the other day, when I was discussing this omnibus piece of legislation, that patients were not consulted in drafting the bill. Too often over the last two years that I have been health critic, we have seen legislation come forward where the patients are forgotten in the consultation process. Even during my technical briefing, the government staff mentioned that on certain sections of this bill, there was no patient consultation at all, and maybe in regulation that consultation will take place.

I thought I'd read into the record what Patients Canada has brought forward, because we didn't see much of what they've asked for in the amendments. I wanted to put Patients Canada's submission on the record in the Legislature. It's a deputation in committee, but I thought we should hear about it in third reading.

Patients Canada's submission on Bill 160: "Patients Canada was not consulted or included in any consultations on this bill. Given the title of Bill 160, this lack of consultation is disturbing on its surface.

"Patients Canada applauds new legislation that would make it mandatory for the medical industry to disclose payments made to health care professionals and organizations.

"While the title of the bill suggests the goal of enhancing transparency and accountability, we are concerned that most of the items do little to accomplish or advance these goals; some items actually run contrary to greater accountability and transparency. The bill reads as a potpourri of housekeeping items that have been marketed with the promise of accountability to patients, which we find offensive."

Patients Canada have made some points here.

"Privacy and freedom of information: The item we find the most offensive in a bill professing to bring greater accountability and transparency is the proposed amendments to the Excellent Care for All Act, 2010. This provision seeks to create an exemption for Health Quality Ontario from the application of the Freedom of Information Act and Protection of Privacy Act for records in the custody or control of the Ontario Health Quality Council.

"This is a dangerous precedent. The Health Quality Council is appointed by the minister and funded by the minister. It will be exempted in law from protecting the personal health information of patients without the patient's formal permission.

"Why does the minister extend this exemption to a group with no accountability to the electorate or to patients?

"Why is such an exemption necessary?

"Other organizations, including Patients Canada, obtain the permission of patients before using their stories. Why should the Health Quality Council of Ontario not also respect the legal privacy rights of patients? Why is the Health Quality Council dealing with personal health information at all? It is not an objective body but rather a creature of government controlled by government funding.

"Far from increasing accountability of the health system to patients, this provision would give a government agency full transparency on patients' personal information. This access has been granted to hospitals and other health organizations who provide care to patients to assist treatment. The Health Quality Council is not in the business of patient care and does not need this exemption to do its work.

"We strongly recommend that the Minister of Health withdraw the proposed amendment to the Excellent Care for All Act, 2010 that is proposed in Bill 160 and would have the effect of damaging patients' reasonable and lawful expectation of privacy with regard to their personal health information."

Speaker, I think that speaks loudly to the fact that patients are concerned with their personal health information and the way this government is heading down the line. It's kind of a dangerous precedent to go down. If Health Quality Ontario is banned from having freedom-of-information requests, then one could say that, down the road, governments could put future contracts through Health Quality Ontario to hide them from the public. Details could get lost because the government has protected this agency from any freedom-of-information requests. That's a concern going forward, especially with the track record of this government.

Mr. Speaker, also raised at committee, and the third party brought forward an amendment to bring up a discussion with regard to preferred provider networks in the pharmaceutical industry: The Ontario Pharmacists Association had a deputation wanting to either ban or open up the preferred provider networks. A preferred provider network is where an insurance company will enter into a certain agreement with certain pharmacies or pharmacy chains and only allow them to fill that medication. It's usually a specialty medication; however, that's not always the case. What happens there is, it shuts out access for patients to choose the pharmacy they go to. In a large urban centre, it probably has little effect on the pharmacies, but when you go to rural and northern Ontario, those pharmacies are usually excluded from these preferred provider networks. Unfortunately, patients have to use mail order or Internet to access the medications they need.

One of the items that has come across my desk is the fact that hospital pharmacies that provide cancer treatments to outpatients are being banned from these PPNs. So we have a patient who goes to hospital and starts a cancer treatment and then starts their take-home treatment through the hospital, but because of these preferred provider networks, they are unable to access their cancer medication from these hospital outpatient pharmacies. That's a concern because usually the hospital pharmacies which are attached to the cancer clinics have highly trained pharmacists. They have access to the health care professionals who are dealing with the patient, and they have all the patient records necessary to ensure that the patient is receiving the most accurate therapy and minimizing side effects. With the fact that this is occurring, those patients now are seeking a preferred provider network outside of the hospital. The government's own hospital pharmacies are crying foul about this because it's a concern to patient safety.

1550

The third party wanted to open this for debate in this bill. It didn't receive the consent of the government, and they said they wanted the Ministry of Finance to look at this piece of legislation. Perhaps the government is going to look at a government bill in the new year to have a discussion or maybe do some research on this, because it's an issue flagged by the Ontario Pharmacists Association. There are two sides to the story, of course, but we need to ensure that it's out front and centre to have this discussion and to ensure that patient safety is the focal point.

I also wanted to bring forward a bit on Innovative Medicines Canada, who also spoke at committee. We asked a bunch of questions after their deputation with regard to how this bill would affect research and innovation in our province, and the cost of it. I asked a few questions of Innovative Medicines Canada. I thought I would read that in the Legislature as well.

I asked the question: What other jurisdictions have passed these laws? Is it the state government who paid for the website and released the data, and what would the

cost be to create some sort of portal to put the transparency online?

What the government is doing with this bill is that any form of payment in the medical system will be online. We moved an amendment to put some context to that transparency. Nobody is against the reporting of transparency. We want to make sure the data on the website can't be misconstrued in any way to go after anybody. We want to make sure that there's context to the numbers and the meanings.

Innovative Medicines Canada's response was that it depends on the level and complexity of the asks. How specific the data is would dictate the cost of the system. They haven't looked at what the cost requirements are, but once they know what the details of the information are going to be, then they would be able to come up with a cost.

That's the problem with this piece of legislation: We have no idea what the costs are. I've heard numbers of \$300 million to \$400 million a year for their website being operated in the States without details. We won't find this out until regulation. When you have a bill of this magnitude, I think we should have a some detail of how this is going to roll out.

Basically, they also went on to say—again, with the same thing I just mentioned—the challenges that Innovative Medicines Canada faces with the bill is that “many of the details that would allow us to make those calculations and come up with implementation mechanisms are not there. They will be in the regulations which follow the bill. So it's very challenging for us at the moment to look at this aspect of Bill 160 to see how it will work in practice.”

I asked a question about the problem of fleshing out the costs and what are they going to be at the end of the day. I mentioned that for eHealth, we're at \$8 billion with no end game. We have no idea how much longer it's going to take to create eHealth and implement it. We're at \$8 billion. It's an open-ended budget. Is this going to be another eHealth down the road? It's a concern.

I asked about clinical trials and how doctors are paid for the time to investigate new drugs that impact their patients. “Is this type of reporting”—the way the government has it structured—“going to affect doctors' involvement in clinical trials?” Again, Innovative Medicines Canada mentioned that it's hard to know if it will be disclosed because they don't know. It's in regulation.

We have great clinical trial centres in Canada. I visited one in London this past weekend at Robarts Clinical Trials Research Group. It's worldwide now. It does amazing work and provides a lot of independent analysis into medical discoveries and breakthroughs.

But his point is that if the government is not careful of how they're going to report these transfers, if there is not the proper context in place with regard to clinical trials, he could see other places looking at other jurisdictions to perform clinical trials. Considering that this is the only province in Canada that has this tabled, it could sway and move medical research out of our province.

The problem is, if you move medical research out of the province, you run the risk of Innovative Medicines following, so we would have fewer investments actually in Ontario creating high-paying jobs in certain hubs of our province. We have a fear of chasing them away if the government implements this bill incorrectly. The concern, of course, is that we're left to their devices as to how they're going to implement this legislation because they haven't been very specific at all; everything has been left to regulation.

I asked what the threshold amount should be; anything that's over \$10 should be reported, like it is in the United States?

Innovative Medicines: "I think the first question with that is really to understand what the desired outcome is. What is it that the government is hoping to achieve? Then you can decide what that threshold is."

Then he mentioned that the value transfer also has to be the definition. If you figure out what the value transfer is and what the outcome is, then you'll be able to plan and decide how the reporting system is going to operate; once you know what the reporting system is going to be, then you can base what the cost is. We don't know what the outcome is for this government; they haven't come forward and stated it. We don't know what the definition of "value transfer" is yet. Again, that will come in regulation. If this government fails in its consultation process and makes a mistake on what the definition of value transfer is or what their outcome is, we'll be back to fixing this piece of legislation down the road after the damage is done.

At the end of the day, Innovative Medicines basically said they could be of better help to the system if they actually understood what the government is trying to achieve. I think many of us in this situation would love to help this government out if we understood what their true intention is in their plan of action. But they like to keep things silent and they like to process everything through regulation. I guess it gives them more flexibility and leeway, but at the same time, for a piece of legislation this large, affecting health care in such a dynamic way, it's not unheard of to actually put curbs and parameters around how much a government can move and dictate without any sober second thought on their decision-making process.

The other piece of information I wanted to raise is, of course, that the Information and Privatization Commissioner of Ontario gave a detailed opinion on Bill 160. Our party put forth his recommendations at committee as amendments, voted down by the government. Again, in my opinion, we see a lack of respect for our independent officers of this Legislature by this government. It's the Financial Accountability Officer, the Auditor General or the privacy commissioner.

This government does what they want, when they want and how they want with their majority. I don't think that's why they were elected, but that's what they have become after 14 years. When a government has been in power for so long, they feel they know more than the in-

dependent officers of the Legislature, and that's a concern. It should be a concern for all Ontarians and it's a concern for the outcomes of Bill 160 and where this piece of legislation is going.

We have 10 schedules, as I mentioned earlier, that are widespread, and the majority are left up to—we'll find out what the bill means down the road when they get through the regulations. We're not going to find out this week, when the bill passes third reading. I know they say "if and when," but the government has a majority; it's a government bill; this is third reading; it will come to a conclusion today and I'm sure we will have a vote either tomorrow or the next day. We'll have to see where this takes us.

The bill is changing 10 different parts of the health care bill. Schedule 1 is the Ambulance Act. It gives the government power to issue directives to land ambulance service operators. What it's going to do is allow paramedics to take people—non-urgent cases—to places other than hospitals. I know there are some mental health clinics that would be in favour of taking in these patients instead of going to the ER.

This government has done a terrible job with respect to managing—our hospital system has become so rationed that we have patients receiving treatment in the hallways; the ERs are overflowing. It's natural that we need to find a better way to manage.

There are a few trial programs for paramedics out there where paramedics are delivering paramedicine in the community and reducing people's trips to the ERs. For the people who go quite often, the high users, they'll have paramedics visit the home and keep an eye on the people to reduce—and those types of trials work well. I think it's something the government needs to expand upon to continue to see the benefits.

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The Excellent Care for All Act, which was mentioned earlier by Patients Canada, is basically removing confidentiality of our personal health records: The government is more intrusive in our lives. With each bill that has been passed by this government in the last two years, we've seen an erosion of our ability to keep our files safe. They have attacked the doctors in our province, eroding the trust between the patients and the doctors, and this is only further encompassing it, especially when the privacy commissioner of Ontario has stated clearly that the government is headed in the wrong direction with regard to this legislation.

Schedule 3, the Health Protection and Promotion Act, is expanding upon regulation of recreational facilities: splash pads, wading pools, personal service settings, including barber shops and nail salons. Basically, it's probably catching up to what has changed. I think most of us can see the expansion of water splash pads in the community. They're a much safer alternative than the old splashing pools we used to have. We've got a great one in Pinafore Park, partially built by our Rotary Club in St. Thomas. It's a nice area. We need to ensure that health inspectors have the necessary tools to ensure they're safe.

Schedule 4 is the big Health Sector Payment Transparency Act. Again, the idea of this act is great. We want transparency. We want accountability. We want to ensure that any form of payment in the system is not heading the medical profession down the wrong path, to ensure that we have an understanding of how that money is being spent. But it has to have the proper context. We would have liked to have seen what the government would have liked to obtain. What's the outcome? What's the definition of how everything is going to be defined? What's the threshold? And how much is it going to cost the system? It's important that we continue to work to get this transparency in the system so that we know who received what amount of money and for what, but we need to do it in a way that doesn't dissuade innovation and research in our province, and that ensures that the proper due diligence is done before the reporting structure.

I really like the amendment brought forth—maybe the OMA brought that out, or CPSO—where there was a 30- to 45-day waiting period before the data is published so that any erroneous data collection can be fixed before it's put on the website. We all know that once you put something on the Internet, it's there for life. It's pretty hard to backtrack, so any unintended consequence or possible error—it does happen, because we are dealing with humans, and we do make errors—that may occur in the system and gets erroneously tabled on the Internet or on the website is hard to retract. Having that cooling-off period so the medical professional or organization can respond to any errors and have it clarified before it's reported—however, the government voted against that amendment and said they'd leave it up to regulation. So we have no idea if there's going to be a cooling-off period or a safe area to ensure that between the time government receives the information—they have time to speak to all those informed, the payee and the payer, to ensure the data is correct before going forward. The last thing we want to do is ruin lives, ruin careers, over somebody in the ministry making a mistake. We want to make sure that those places are put in place.

Schedule 5, the Long-Term Care Homes Act, amends the act with respect to restraints—both physical and drugs—inspections, penalties that punish repeat offenders. It also brings in retirement homes to ensure that, as the government said, there's safety in place and that there's a framework put in place to ensure that they can deal with the situation.

Schedule 6, the Medical Radiation and Imaging Technology Act: This basically is re-creating the act regarding the practice of medical radiation and imaging technology and ensuring that it's up to date with regard to how the world has changed. Some amendments were put forward by the college and the professionals to ensure the wording is correct so it's flexible to today's needs and it encompasses who it needs to encompass. That amendment was accepted. The government put it forward, and it was accepted, so that was a good turn.

Drug benefit act: It's ensuring that nurse practitioners and such can prescribe the medication, and we're moving

into RN prescribing. We need to ensure to have the language flexible enough so they are able to order the limited-use medications and exceptional-access medications that is a terrible process. It really decreases the access to medication. It's a bureaucratic process that needs to be streamlined a little bit better than it is right now because too many people wait too long to get the medications they need. However, we need to ensure the proper health care professional is able to order those medications.

Schedule 8: Ontario Mental Health Foundation Act, the wrapping-up of the Ontario Mental Health Foundation—a good idea brought forward is to ensure that the money that's invested in the mental health foundation today for mental health continues to be invested in mental health research and treatment. That was a great request. It wasn't passed in amendments, but it was a request and hopefully the government listens to it because everything is being dealt with in regulation. I think I'm going to have to write a list of everything they said they're going to deal with and make sure they follow through or get invited to the regulation-making process. It would be great.

Schedule 9: I touched on that earlier. We feel that schedule 9 should have been pulled out of the legislation. As I mentioned earlier, we started amendments. The amendment deadline was two Thursdays ago or three Thursdays ago. It wasn't until a week later that we received a complete rewrite for schedule 9, because government was too rushed. They missed too much. They didn't consult. I've never seen a whole bill kind of get rewritten inside an omnibus piece of legislation.

They should have just pulled it out and had consultations, because the third party is totally against schedule 9. A lot of the deputants were against schedule 9. We're confused at where schedule 9 is going. The government members were confused. They couldn't answer our questions. "It's up to regulations," or, "Ask the lawyers." That should have been rewritten and brought out of the legislation.

Lastly, I'll mention schedule 10, the Retirement Homes Act. With regard to rights to the residents, we need to ensure that there are places for our seniors to live safely. Over 14 years, this government has failed to build any new long-term-care spaces. They've announced it recently—because it's an election year; what else are they going to do?—5,000 spaces. The People's Guarantee: We're going to build 15,000 spaces in the same time frame and we are going to ensure that we are going to prepare for the seniors in this province. In 14 years, this government has done nothing. Our seniors are going to suffer over the next little while. We're going to try to fix that in our first mandate as we build those long-term-care spaces.

As I've mentioned previously in my discussion, it's an omnibus piece of legislation left up to regulation. I don't know how you can put 10 bills together, and at the end of debate, committee and deputations, we still have no clarity as to where this bill is heading, other than we're

giving this government a lot of power to make up a lot of rules in a short period of time, which could have terrible consequences to health care in this province and the patients. They should have listened to the patients. They should have had proper consultations. They need to do better.

We're hoping, this June, that the people of the province tell them they didn't do well with regard to consultation. We, on this side of the House, promise to consult. We're going to work with patients and put patients at the centre of the health care system and ensure it works for people to get access. We're going to stop the rationing and ensure our province's health care system that we deserve. Thank you very much, Speaker. I appreciate the time.

The Acting Speaker (Mr. Ted Arnott): Questions and comments? Further debate?

M^{me} France Gélinas: I will probably be taking my whole hour, so if you're out there watching TV, make yourself comfortable. I have been—

Mr. Gilles Bisson: Stay tuned; don't touch that dial.

M^{me} France Gélinas: Don't touch that dial; exactly. I have been the health critic for my party for 10 years. I've been here over 10 years. I have carried every single piece of health legislation, whether it be long-term care or acute care or even retirement homes, that has come through this Legislature for the past 10 years. This piece of legislation wins the Palme for the worst piece of legislation that has ever come across my desk.

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The only thing the minister ever talked about in this omnibus bill is one section. He talked about schedule 4, Health Sector Payment Transparency Act, and makes it sound like all is perfect. Actually, in his closing comments, he also talked about banning eye tattoos, which was not part of the bill, but we managed to add it in because it's an omnibus piece of legislation that talks about everything from hospitals to drugs to long-term care to retirement homes.

But at the bottom of it all, what this piece of legislation is all about is to facilitate the privatization of our health care system. Mark my words, Speaker: Anything that is not acute hospital care, where you have a nurse in a not-for-profit hospital, will now be privatized. Not only this, but in our not-for-profit hospital, like we see them right now, the lab will be privatized, the pharmacy will be privatized and the MRIs will be privatized. We are opening the door—we are not; this Liberal government is opening the door right now so that everything that is not within a public hospital's nursing care will now be wide open for the private sector to take over.

The private sector's primary motive is to make money. What we knew as medicare, where care was based on needs, not on ability to pay—now, every time you go in, you will have this lingering little question at the back of your mind: Is this because it's good for me, or is this because it's good for the bottom line of somebody who wants to make money off of me being sick?

That changes everything for the worse. That attacks the basis of our health care system, which is a health care provider and a patient who establish a trusting relationship so they can move forward together towards quality care. This bill, as it is written right now with all the amendments, sets out to destroy that.

When I talk about amendments, Speaker, get this: A total of 217 amendments were written up for this bill. The Conservatives put 36 forward, the NDP put 123 amendments forward, and the Liberals put forward 58 amendments to their own bill. When you need to make 58 amendments to your own bill, doesn't that make you think that maybe you should have taken your time to write it a little bit better in the first place? This is nothing to be proud of. This is shameful.

I will do the same thing I did when I did my lead on second reading: I will take the bill from schedule 10, working my way backward. But remember, this is an omnibus bill. The only thing the minister will talk about is that they're bringing transparency to transfer of value—yet to be defined, because throughout this entire process if I heard “to be defined in regulation” once, I heard it at least—let me see—217 times. “To be defined in regulation”—really, Speaker? That's the best that this government can do? This is pretty shameful.

Let's start with the retirement homes. The Retirement Homes Act is schedule 10 of the bill. Right off the bat, the Information and Privacy Commissioner made it really clear that we need to make changes in order to protect people's personal health information.

You see, Speaker, if you cannot trust that what you say to your health care providers will stay between the two of you so that they can help you get healthy, then you start to withhold information. You don't know who's going to find that out, so you're not fully open. If you're not fully open and disclose things to your health care provider, chances are that you won't be getting the right treatment.

The Information and Privacy Commissioner made it clear that we are—we are not; the Liberal government is creating a peephole to personal health information through the Retirement Homes Act. He had put forward language to make sure that we protect this health information, but the Liberals wouldn't listen.

When the bill for retirement homes was brought forward, I voted against it. If it was up again, I would vote against it again. Why, Speaker? Because retirement homes deal with very vulnerable people. The average age of people in retirement homes is often older than the people in long-term-care homes. I can talk about my in-laws. When my father-in-law was 93, he was the youngest person at his table. That gives you an idea of who lives in retirement homes.

What they have done is—I still can't believe that we are doing this—a retirement home is governed under the landlord and tenants act. There is no protection except from the landlord and tenants act. Yet, you're talking about very vulnerable people, most of them aged, and many of them very frail.

Some of the retirement homes have started to constrain people, have started to confine them and put restraints on them. They're not allowed to do this for good reason: This is a landlord and tenant. Who could ever imagine that a landlord would have the right to restrain you, a landlord would have the right to confine you? This is unthinkable, Speaker: except that the Liberal government is giving them permission to do just that, in a retirement home that has no oversight, but the for-profit owners get together to oversee themselves—do you see any place for abuse?

Let me tell you exactly what's going to happen. You have Keith and Cecile. She was 19 and he was 21 when they got married; 79 years later, she's 89 and he's 91, and they live in a retirement home. They've been married for over 70 years. The thought of not living together is something that neither one of them could live with. You've celebrated 70 years together. You now live in a retirement home. But one of them gets dementia and then the home comes to you and says, "He won't be able to live here anymore because he's beyond the type of care that you can find in a retirement home." She is just devastated. Her entire life was to look after her husband. Her entire life is, waking up, the first thing she sees is her husband, and the last person she kisses at night is her husband. She loves him very much. Then they say, "But, but, but—he can't stay here anymore except if you agree that we will restrain him and we will confine him."

At this point, she doesn't see anything. All she sees is that she will be able to live with him; she will be able to take care of him. She agrees. Then, what will happen to him is what happens to everybody else. We have seen these movies in hospitals for decades: People who get restrained in a wheelchair, one way or another, they fall asleep, they wiggle out, they get stuck in those restraints. How many coroners' inquests did we have to go through that show people in restraints that suffocated because they slipped out of their chair and choked to death and suffocated? Then the retirement home will say, "Oh, but we had consent. She said it was okay to restrain him. She said it was okay to confine him. We are perfectly right, and she is the one who bears all the responsibility of this atrocity that just happened." But that was not informed consent. All she heard was, "He cannot stay here anymore"—and that would have killed her—"or we can restrain him and confine him, and he can stay."

Those are not choices, Speaker. She will be stuck living with a decision that she had no idea was so dangerous. When we give her that choice, are we going to tell her about all of the coroners' inquests that ended up with people dying in restraints? Are we going to tell her about all of the people who ended up dying because we confined them? Of course not. We're going to tell her, "He can't stay with you anymore. Your husband of 70 years cannot stay with you anymore unless you sign this piece of paper that says that you take full responsibility for us to put him in restraints and to confine him."

When I hear the people from the Liberals say that people want choice—yes, I agree. Bring forward options

that would be safe. Bring forward options that would say that if you need to be in a place that is safe for you, we would have alternate places to put those couples together that would meet the needs of the person who needs that kind of patient care. But none of that is available in a retirement home. Much to the opposite: The retirement home is quite happy to say that now that you've signed this, they don't have to check up on you, because you're constrained in your room. That is one example.

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When this happens, Speaker, I guarantee you that I will name each and every one of the Liberal members who will have voted for that piece of legislation. This is a piece of legislation that puts vulnerable people at risk. There is not enough supervision in a retirement home to put anybody in restraints. There is not enough supervision in a retirement home to put anybody in confinement.

Mr. Gilles Bisson: What section is that?

M^{me} France Gélinas: Section 10.

But yet, this is what this Liberal government has decided to do. It breaks my heart. But I'm going to hold them to account. I don't wish any harm upon anybody—far from it—but I have seen this movie before, Speaker, and it doesn't end well.

The other thing that will happen, Speaker, is that I told you that right now in a retirement home you're not allowed to constrain people, but it happens all over the place. The Liberals will tell you, "Well, we have to change the law because it's happening anyway; we might as well legislate it." No, ban it and enforce the laws that are here now. They are not allowed to constrain people, and they are doing it right now. Enforce the law. That's not what they do. They change the law to make it legal to do this.

The other example that comes to mind is—we'll call him Frank. Frank is quite elderly, but he has lots of money so he's able to pay for the penthouse at the retirement home at \$7,000 a month. Frank has been a loud, belligerent, sexist, racist and all around very unpleasant old man. Everybody in the retirement home more or less hates him. Nobody wants to sit at his table with him. He is not welcomed anymore.

Then the phone call will come to his sister, who happens to have power of attorney for him, to say that Frank cannot live here anymore because he gets on everybody's nerves and he's very annoying and he's very loud and belligerent and he's sexist and racist and there's nothing nice about this guy. And then the sister says, "Well, we don't know where to put Frank anymore. We've tried every place." They say, "Oh, but we'll keep him here if you pay a little bit more and you sign this consent so that we can confine him to his room."

The confinement is not at all for his plan of care. Frank does not need to be confined. He will be confined because it disturbs the other residents and it's a good opportunity for the retirement home to make a few more dollars.

This entire schedule 10 for retirement homes is repulsive. I can't believe that any government would bring this forward. Have a wee bit of empathy for people who are frail and people who need government protection. When I brought forward that the government at least oversee the agency that is the industry's self-oversight, they refused. They think that the government has no place in making sure that frail, elderly people have some kind of government oversight to keep them safe. They voted each and every one of those down.

I asked for simple things. Those retirement homes are sometimes pretty small. Look at those six desks there, and that's about what they get: a place to put a little bed, a little bathroom, a little wee place to put your clothes, and \$5,000 a month to live there. You get your meals, you get one hour cleaning a week and you get one or two laundry loads a week. That costs you \$5,000. I've asked—there's a lot of money being transferred—how about if we give the Auditor General the opportunity to have a look at what's going on in there, because it would be pretty easy to abuse some of those elderly people, money-wise? They turned that down.

This false choice that they say, that people want to stay together—none of this holds the road. If you're serious that you want couples to stay together, I would be happy to support a bill that creates models of care that allow older people with different levels of care to stay together. I get that they don't want one to be in a long-term-care home and the other one to be someplace else. I fully get that. But other models of care exist that allow people to age in place, that allow people to stay together even if they have a different level of care. This is not being contemplated at all. We are staying with the status quo where, if you don't meet the criteria for a long-term-care home, you stay home with home care, and if you have a lot of money, you go into a self-regulated retirement home.

I'm opposed to this schedule. I will continue to be opposed to it. And mark my words: Some people will get hurt. There's a good chance that somebody will die in restraints. That will be on their backs, that will be on their conscience, and I will remind them that they had a choice. They could have voted this down.

The next schedule is schedule 9. Schedule 9 is called the Oversight of Health Facilities and Devices Act. What this schedule is all about is what used to be called independent health facilities and out-of-hospital premises. Nobody knows what that is. You don't need to know what that is. What they are, Speaker, are private clinics. It's basically a private MRI, a private CAT scan, a private surgical suite. They're private clinics, but we give them different names now.

I will start with the names. Now the government is going to call them "community health facilities." Even when we were in committee talking about them, people kept calling them community health centres. Why? Because the names are pretty close. But a community health centre is owned by the community. It has a board of directors that is the ear, the conscience, the voice of the

community it serves. It is there to serve the needs of their community.

A new community health facility has nothing to do with your community. It is a for-profit company—98% of them are for-profit—that offers health care, and if they are not making any money in your community, they will move it to another community, because they don't care about your community. They care about keeping their piece of equipment and they care about keeping their clinic busy so that they can maximize their profits. To call them community health facilities is offensive. There is nothing about community in those independent health facilities and out-of-hospital premises.

But the real kicker in schedule 9 is that it repeals the Private Hospitals Act. The Private Hospitals Act has been there since before medicare. In 1972—that's a long time ago—we brought forward medicare. We already had six private hospitals in Ontario. They are still there. They are St. Joseph's Infirmary, Bellwood Health Services private hospital, Hôpital Privé Beechwood Private Hospital, Shouldice Hospital, Woodstock Private Hospital and Don Mills Surgical Unit. All of these hospitals were grandfathered under the Private Hospitals Act when hospital insurance was introduced in Ontario. St. Joseph's and Woodstock focus on complex continuing care. Beechwood provides chronic and palliative care. Bellwood offers addiction treatment. Don Mills performs general surgical procedures, and Shouldice is well known for its hernia and abdominal wall surgery. All of those hospitals are small. They have between 12 and 35 beds, except for Shouldice, which has 89 beds.

1630

There is quite a bit of oversight of those private hospitals, as it is. Most of them are accredited by different bodies, given that they are private hospitals. Actually, Bellwood Health Services has been accredited with exemplary standing, and many of them are accredited by the Canadian Association for Accreditation of Ambulatory Surgical Facilities.

In Ontario, they fall under the drug and pharmacy act, which means that their pharmacy has to be overseen by the college of pharmacy. They fall under the Freedom of Information and Protection of Privacy Act, which means that if we want to file a freedom of access of information, we can. They fall under health information custodians, which means that they have to protect our personal health information. And they fall under the Patient Ombudsman, because they are covered under the health sector organizations.

Now they will be known as community health facilities, not as private hospitals anymore. Most of this oversight that already exists won't be available anymore—we used to be able to FOI them, we won't be able to; we used to be able to put a complaint through to the Patient Ombudsman, we won't be able to—so that they can all be lumped in with this new category of community health facility.

Let me tell what you a community health facility is going to be. The community health facility is going to

swing the door wide open to privatization. Mark my words, we will see a large private lab co-locate with large diagnostic imaging—so all of your X-rays, your CTs, your MRIs—co-locate with a large walk-in clinic and surgical suite. That's starting to look very much like a hospital, Speaker.

Did you know that right here across the street—this way. If you look across the street at Women's College Hospital, Women's College Hospital is a well-known hospital in Ontario. They do fantastic work. They are one of the 148 hospitals in Ontario, not-for-profit, governed by a board of directors etc. But did you know that they have no beds? This is a hospital for the year 2017. They do fantastic surgical work and they do all sorts of very intense hospital treatment, but they do all of this with no beds. Now, I have no doubt that Women's College Hospital is not going to become private—they have way too good people who work there and understand the value of not-for-profit health care. But a hospital equivalent to Women's College Hospital could be opened up by the private sector throughout.

This is a piece of legislation where the Liberals did—I'm looking for my little piece of paper here. Just to schedule 9, the government put forward 55 different government motions. Whenever you have one schedule of a bill with 55 motions, you know that you could have done a little bit better at writing those things out. Would you believe that while we were going through clause-by-clause, they had 12 lawyers from the Ministry of Health sitting there, and we had to recess so that the lawyers could all huddle together to fix some of the motions that they were putting forward?

You have to realize that there is close to a \$54-billion pot that is the Ministry of Health. Now you are putting forward a piece of legislation that is so full of holes that you need to put forward 55 amendments just to that one schedule, when you have 100 lawyers from private companies who are just waiting to show you that, yes, they are allowed to move into our community hospitals, and yes, they are allowed basically to bring forward private hospitals. They won't be allowed to call themselves a private hospital, but to people it makes no difference. Once a community health facility—the ambulance picks you up and brings you there; it has the big walk-in clinic, it has all of the diagnostic imaging, it has all of the labs. It looks, it feels just like a hospital, but at the end of the day, you will never know if the treatment you're getting is to fatten up their bottom line or to really help you with whatever ails you.

Schedule 9 went on to some of the same problems that we have seen. The Integrity Commissioner had some serious problems, basically, with using “personally identifiable information,” which is a term that has not been defined, rather than “personal information,” which is the term that should be used throughout. They tell us that the idea in the Oversight of Health Facilities and Devices Act is that they want to bring more oversight.

Don't get me wrong, Speaker: There has been some pretty horrendous lack of oversight in some of our in-

dependent health facilities and some of our out-of-hospital premises, where they made the front page of the Ottawa paper, where hundreds of people had been called back because the equipment they were using was not sterilized properly. There have been some serious problems, but will this schedule fix that? I doubt that very much.

If you are serious that you want oversight, how about we use the officers who are already here? The French Language Services Commissioner would be a good way to start. It would be nice for francophones in Ontario to be able to have services in French in those independent health facilities, in those private clinics. The Auditor General would certainly be helpful in making sure that the billions of dollars that go to those private clinics are actually used the way they're supposed to be, and all of those extra billings that happen when you use a private health facility will actually be accounted for and be legal—or, hopefully, be stopped because they are not legal. We also have the Integrity Commissioner, who has made a number of recommendations, who was not listened to, and the Patient Ombudsman. If you are serious that you want oversight of those private clinics, bring those on board.

The Patient Ombudsman alone would be a huge asset to patients, because things go wrong in those private clinics, and when things go wrong, people have no recourse. Right now, if things go wrong in one of our hospitals, they will work with the hospital to try to solve it, but if you cannot solve it, you go to the Patient Ombudsman and she helps you go to the bottom, gain answers, come to closure and turn the page. But if something goes wrong in one of those private clinics, you are on your own.

They can say all they want, that they're bringing in schedule 9 so that we have oversight, but oversight for who? Oversight by who? Again, this schedule was full of “yet to be defined in regulation.” I don't like this; I don't like this a bit. There will be the appointment of quality advisers into those private clinics, and there will be inspections by boards, but still, all of this is yet to be defined. We don't know.

When I pushed the minister and asked questions, the Minister of Health stood in this House on numerous occasions to say, “Oh, since 2011, we've only accredited six new independent health facilities, and all of them are not-for-profit.” So I saw a ray of hope. He sees the value of making sure that care is based on need, not on ability to pay; that care should be governed in the not-for-profit sector so that you can be clear that whatever is recommended to you is not to fatten up somebody's bottom line, it is to help you. So I brought an amendment to say, “Let's continue on this good trend. Since 2011, if you've made them all not-for-profit, let's do the same.”

How do you figure they voted on this amendment? Yes, you guessed it.

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Mr. Gilles Bisson: Against.

M^{me} France Gélinas: They voted against, like the other 123 amendments that I put forward. Zero were voted for.

Mr. Wayne Gates: None? Not one?

M^{me} France Gélinas: None. Not one. Zero.

They can talk a good game, saying, “Oh, but since 2011, they’ve all been not-for-profit.” But when you give them the opportunity to put action behind those words, they vote that down.

When we talk again about oversight, things such as that, in the report, all the licensees should have to report incidents, not just wait for the inspection to discover it—nope, they voted that down.

When we talked about making sure that the reports of compliance and any compliance orders are made public, so that you don’t only see the investigations report, but you also see if there were compliance orders available to the public, they voted that down. What kind of oversight are we going to have here exactly, Speaker?

We’re going to make private for-profit clinics—all 1,000 of them; 98% of them being for-profit. We’re going to call them all “community health facilities,” just so that the public has no way to know if this is a community-based not-for-profit agency or is if this is a private clinic. They will be allowed to ask to open up private clinics whenever they want, wherever they want. The confusion out there will serve one purpose: to allow the for-profits to take a bigger and bigger place within their health care system and, I would say, a bigger and bigger portion of this \$54-billion pie that sits at the Ministry of Health.

I don’t like this section at all. We had an opportunity to do way better. But, as I told you at the beginning, that section of the bill repealed the Private Hospitals Act. The government did a legal backflip—it was quite impressive, though—to try to bring back into the bill what they were repealing in the Private Hospitals Act.

I am no lawyer, but I know how to read, Speaker. When some of the amendments make no sense when you read them, when for some of the amendments the 12 lawyers have to huddle to quickly rewrite them so that they can be submitted back in time, the chances of human error are pretty high. But the cost of human error is also very high because there are a lot of people out there with very deep pockets and with a lot of very good lawyers who will argue that the private sector can do whatever they want, whenever they want. Then, once this happens, it will be too late, Speaker. It will be too late.

They should have never repealed the Private Hospitals Act. There was no reason to do this. If you wanted more oversight of the private hospitals, you could have brought in the Patient Ombudsman; you could have given the Auditor General the right to go in; you could have given the French Language Services Commissioner the right to go in. You could have increased oversight but yet continued to make sure that private hospitals could not grow, could not multiply and could not continue in Ontario. But they choose not to do this. I do not support the private

sector moving into our hospitals. I have not supported it in the past and I cannot see when I would.

There was opportunity, though. We have no mechanism in place in Ontario to look at how do we take advantage of all of the new health care devices that come forward. One of them was the air chamber. The air chamber is something quite simple. It’s basically a little air chamber that you put on top of a puffer. For a lot of kids who have asthma or anything else, to coordinate the breathing in while the puffer is deployed is pretty difficult. So what you do is you put it into an air chamber and then they can just breathe at their own rhythm and still get the right amount of medication.

For those kinds of devices, there is no formal structure within the Ministry of Health to have those discussions. Yet, even after we pass schedule 9, there still won’t be any structure within the government, within the Ministry of Health, to have those discussions to bring this new technology.

I am really proud of the innovative technology that is being developed in Ontario, some of it right here at the MaRS building; but how we bring this into our health care system is still a great big question mark. Those people have to spend a ton of time, effort and energy walking the halls of the Ministry of Health in the hope that somebody will pay attention. We have to do better than that.

Moving on to schedule 8: Schedule 8 is quite a tiny, weenie little schedule. All it does is repeal the Ontario Mental Health Foundation Act and add the funding that they have, the \$1.8 million, into a bigger fund.

The problem is that we know full well that mental health, most of the time, is the poor cousin of the poor cousin of health care. Putting mental health money in with the rest of the money means it will be really hard for good mental health projects to get funded. When I asked, the government assured us, “We can assure you that we will keep at least \$1.8 million.” Oh, great. So can we put that in the bill? Oh, no.

Here again, we have a ministry that wants to do the right thing, but refuses to put actions behind it. The \$1.8 million will be put in the pot, and we will all cross our fingers that when mental health research projects are put forward, they will have access to funds. Before, it was guaranteed that \$1.8 million was for mental health. Now they will have to compete.

There’s a hierarchy of sexiness in the health care sector, and mental health is at the bottom of that, with women’s health. It is very hard for them to compete for money, and the big ones will get the money way before them.

Moving right along, because I see that the time is moving right along, I’m now at schedule 7. Schedule 7 is the Ontario Drug Benefit Act. Basically, here again, the Information and Privacy Commissioner wanted to limit the collection of private health information. That was not done.

The example about air chambers: I’m happy to announce that on Friday, the government will finally an-

nounce that air chambers will be covered for kids under the age of 12. But it shouldn't have taken all of this rigmarole to get there. There should be a table, there should be a process within the Ministry of Health to get those decisions done. We don't have that in Ontario, but I sure wish we did.

When we look at allowing midwives to prescribe the mifepristone drugs, the government said no. In areas that I represent, those drugs are really hard to access. Making midwives who have the qualifications able to prescribe those drugs would offer access to a lot of women who don't have access right now.

Moving right along to schedule 6, schedule 6 is the Medical Radiation and Imaging Technology Act. In there, the College of Medical Radiation Technologists had requested a technical amendment to the definition of "specialty." That was refused.

Another part that was a little bit troubling is that, in many parts of our province, it is an RN and sometimes a nurse practitioner who performs a diagnostic ultrasound.

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Right now, the way the bill is written, if you are a nurse and happen to be the one who performs diagnostic ultrasound because you work in a small hospital or you work in a small community, it looks like you will have to belong to two different colleges: the College of Medical Radiation Technologists as well as the College of Nurses of Ontario. I think this is a mistake. I think we should allow nurses to continue to provide those diagnostic ultrasounds where they are trained to do them safely. I hope we will be able to find a way forward.

We were also asking for exemptions for the operation of energy-applying and -detecting medical devices, and those, like all of the others, were turned down.

I want to come to another schedule in the bill, which deals with the Long-Term Care Homes Act. While the Long-Term Care Homes Act was open, it would have been a very good opportunity to introduce a family caregiver day. I fully realize that family caregivers don't only work in long-term care; a lot of them are at home looking after their loved ones. To dedicate one day a year would have been a good idea. Like everything else that we put into the bill, the eye tattooing, the merging of health units—you will see that we added a whole bunch of things to this omnibus bill, but apparently caregivers were not worth such a thing.

While we were talking about long-term care, the minister made an announcement, while Bill 160 was going through, that they were going to move to four hours of hands-on care. Hallelujah! We worked with that for a very, very long time. We got the announcement from the minister. When the amendment said that people in long-term care will now have access to a mandated minimum four hours of hands-on care, they voted that down. We have a government that says they are going to move to four hours, but when you ask them to actually put it in a piece of legislation so that it actually happens, they vote that down.

It's the same thing when you ask them, "Okay, for the four hours of hands-on care, can we guarantee one nurse practitioner per 120 patients?" Absolutely not. "Can we look at the staffing ratio to make sure?" Absolutely not. They vote all of that down.

Then we deal again with confinement and restraints. The people in long-term care have also had—everybody will remember Casa Verde—a history of putting people at risk when they use confinement and restraints. We thought, "Things have evolved since Casa Verde. How about rather than using confinement in the plan of care, you place people in a protected area?" It has a different feel to it. It has a different tone to it. It basically means that we want to protect people. We move them to a protected area, because "confined" can easily be misinterpreted, where people will be confined as punishment, not as a place to protect them, and the same thing with restraints. When we asked them to use language that was not as old, they refused to change that.

Another part of the bill is that they put a lot of responsibility on the people who are on the boards of directors. We know that the board of directors of a not-for-profit long-term-care home has a strong fiduciary responsibility, but we've added a lot of other responsibilities that you don't even find when the same people could sit on the board of a hospital. To make it more reasonable, so that people are not afraid to participate and join the boards of not-for-profit long-term-care homes, we asked that they be treated the same way as people who volunteer to be on the board of a hospital. But here again, the government chose not to.

They did, though, allow for territorial district homes to borrow money. That was a request that was made by Cassellholme in North Bay. Cassellholme has been trying to rebuild. They have been able to secure a loan, but they are a municipal home for the aged and because of that law, they were not allowed to. So we were able to make those changes to the bill.

Another thing that has changed: Right now, if a worker in a long-term-care home is being questioned because something is going on, she—because most of them are women—is allowed to have counsel present while she is being questioned. The government has taken away that ability and that provision. You have to realize that in a long-term-care home there is a hierarchy. Not everybody is on the same plane. You have your physician, your registered nurse, your registered practical nurse, your PSW. If something goes wrong, it doesn't matter if the physician said, "It's a good idea; you should try it," and two or three of the PSWs heard very clearly that you should try it; if you try it and it goes wrong, you are the one who loses your job. Having counsel present is to make sure that you bring a little bit of equity, because there are powers that are not the same for the different types of workers. We have taken the right to have counsel away from those health care workers. We all know what that will mean. That will mean that it doesn't matter what happens in a long-term-care home—it will be the PSW who will be labelled as having made the mistake, and she will be the one who will be losing her job.

There were a number of other amendments that were requested by the Information and Privacy Commissioner, and all of them were voted down. I'm always very leery when the Information and Privacy Commissioner asks us to protect personal health information. We should do everything we can to protect personal health information, but this is not being done.

So the section on long-term care will now make the use of restraints and confinement more prevalent. It will strip workers from the protection of counsel when they are being questioned. And it still won't meet the criteria set out by the Information and Privacy Commissioner to protect people's private health information.

Section 4 is the Health Sector Payment Transparency Act. As I said when I first started, this is basically the only part of the bill that the Minister of Health talked about. He made it sound like this bill was about transparency, and he gave examples as to states that have been doing this and how Ontario is going to be the leader. Really, this piece of legislation is an omnibus piece of legislation. Their main focus is to bring in private care. The part about health sector payment transparency is schedule 4, and it's a very small percentage of this bill. I should have counted the number of pages, but they are very few. This bill has over 200 pages, and there are six pages in that particular section. That's all. As this went through, we tried to get what exactly you are trying to do and why you are trying to do that. We could never get a straight answer. The answer was, "Transparency is better." Transparency is better for what? For who? What are you trying to achieve? Transfer of value will have to be reported to the Ministry of Health. When we tried to define it—what do you mean by a transfer of value?—it is left to regulation, because this entire bill is left to regulation.

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When we asked: Will it include innovative medicine companies? Nobody knows. Will it include vendors of drugs or vendors of medical devices, medical products or respiratory products? Nobody knows. Will it include shared service organizations and group purchasing organizations? You will all remember the diluted chemo drugs, where over 1,200 people in Ontario got less chemo than had been prescribed for them. When we dug into this, we found out that the mistake came from the group purchasing organization. So what we did is, we asked that there be more transparency, more accountability in group purchasing organizations, because right now there is zero.

I am sure that 99.9% of Ontarians have no idea what a group purchasing organization is, even more what a shared service organization is, and I don't blame you. What it is is that a group purchasing organization, rather than a hospital purchasing drugs—they used to have purchasing agents. Those were employees that they had to pay. They used to have purchasing departments with department heads. Basically, they had entire departments and expenses related to purchasing. Now they've contracted out all of that to a company who won't charge them anything to do all that work for them because they work with kickbacks.

What they will do is—you need so many units of that drug—they will negotiate a price for the hospital, sell it to the hospital and keep a discount. This is how they work. For the hospital, it's perfect: They can get rid of their purchasing department. They don't have to pay those salaries or those benefits. Those people are gone. They download this to those group purchasing organizations or their shared service organizations.

Because they're once removed, no accountability applies to them. The Auditor General is not allowed to look. Freedom of access to information is not allowed to look. They report back to the hospital, so nobody else but the hospital sees what they have done with their money.

When we were at the diluted chemo drug committee, we asked how many—there were about 128 people that worked for that particular group purchasing organization. When we asked, "How many of you make over \$100,000?"—because they are not covered by the sunshine list because they are once removed; they have been contracted out by the hospital—they told us, "Oh, maybe two or three of our employees make over \$100,000." Make that 90% of their employees made over \$100,000. We had to fight with them to get access to their books. We only got access to their books because we threatened, through the power of the Legislative Assembly and its committee, for them to hand this over. It was a hell of a battle.

I am putting this back on to the record because the recommendations that we have made, that there needs to be more accountability, more transparency, for group purchasing organizations—none of them have been implemented, Speaker. None. Here we are talking about health sector payments and transparency, and we know full well that those organizations get all of their money through kickbacks, and yet there is no transparency, no accountability, when we already know that they have compromised the care of over 1,200 cancer patients in Ontario.

What a good opportunity to put that in. They say that this is what they want to do. Can you guess what happened when I put this amendment forward, Speaker? You guessed it: They voted it down.

When we started to ask about what the threshold is for reporting, it was quite interesting. We had a professor Joel Lexchin from York University who came and talked to us. He gave us a number of publications on the subject that he had done to show that even very small transactions have been shown to have an effect on doctors' habits of prescription, so when we say, "Let's put it really low; let's put it at \$10"—you guessed it: They voted it down.

When we said, "How often will they have to report? Can we make sure that the reporting happens at least once a year, because if you do this once every five years or once every 10 years, well, don't bother, because by then things will have changed?" They voted that down.

When we said things such as, "A lot of physicians do compassionate programs"—one of their patients who is really sick needs a drug, but they cannot afford that drug; they will ask the drug company to give it to them through a compassionate program. Some of those drugs are quite

expensive, and you will see that the doctor will receive \$10,000 or \$20,000 a month worth of those expensive drugs. It's not for him or her or their family; it is to help a patient. But what if when you have this registry of value transfer, you show hundreds of thousands of dollars of donations from drug companies to a physician with no explanation? When we tried to get some explanation, especially for the compassionate program, to make sure that those are indicated, they voted that down.

When we tried to make sure that there would be time to do corrections, because once it's out there, you can't unring a bell, they voted that down.

When we said, "Five years from now, make sure you conduct a review to see if you have achieved your goal"—well, they had no goal, except for transparency, so they voted that down.

We also had an amendment against preferred provider networks for drugs. Basically, what this is is, you have cancer, and you go to the cancer treatment centre. They take charge of you. When you have cancer, it does matter if you have other diseases—you are diabetic; you have high blood pressure; you have glaucoma—and they look after you and they help you through. But now, with those preferred provider networks for drugs, some of those drugs are from a preferred provider from northern Ontario. They come from down south, and they are delivered to you. You have no idea what to do with them, so you bring them back to the cancer treatment centre. You are not sure if they've been handled properly. This has to change. When we asked them, they voted that down. I can say that the Minister of Indigenous Relations and Reconciliation came to see me to say that he would support something like this, because it made no sense, but when it came time to vote, they voted that down.

Schedule 3 talks about the Health Protection and Promotion Act. We wanted to allow First Nations friendship centres and indigenous organizations to serve traditional food that basically has uninspected meat from wildlife on their premises, under strict conditions. They voted that down.

Schedule 2, the Excellent Care for All Act: Basically, it was a good opportunity for the Patient Ombudsman to become an independent officer. They voted that down. The Patient Ombudsman should be an independent officer so people can trust her, but it didn't work.

Then in schedule 1, where we had that ambulances will now be allowed to drop you off elsewhere than at a hospital, we wanted to make sure that people consent to this, because in some areas of northern Ontario, indigenous women would not be safe being dropped off anywhere but at the hospital, and that people should give consent. They refused this.

People should not be charged. They refused this.

The projects for firefighters is actually an exception to the bill—an exception never works really well.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Further debate?

Mr. Ballard has moved third reading of Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients. Is it the pleasure of the House that the motion carry? I heard a "no."

All those in favour of the motion, please say "aye."

All those opposed, please say "nay."

In my opinion, the ayes have it.

Call in the members; this will be a 30-minute bell.

Interjection.

The Acting Speaker (Mr. Ted Arnott): I'd like to inform the House that I have received a deferral notice pursuant to standing order 28(h) requesting that the vote on third reading of Bill 160 be deferred until the time of deferred votes tomorrow, Tuesday, December 12, 2017. It is signed by the chief government whip.

Third reading vote deferred.

The Acting Speaker (Mr. Ted Arnott): Orders of the day? I recognize the Minister of Community and Social Services.

Hon. Helena Jaczek: Mr. Speaker, I move adjournment of the House.

The Acting Speaker (Mr. Ted Arnott): Ms. Jaczek has moved the adjournment of the House. Is it the pleasure of the House that the motion carry? I heard a "no."

All those in favour of the motion, please say "aye."

All those opposed will please say "nay."

In my opinion, the ayes have it.

This House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1711.



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Hoskins, Hon. / L'hon. Eric (LIB)	St. Paul's	Minister of Health and Long-Term Care / Ministre de la Santé et des Soins de longue durée
Hunter, Hon. / L'hon. Mitzie (LIB) Jaczek, Hon. / L'hon. Helena (LIB)	Scarborough–Guildwood Oak Ridges–Markham	Minister of Education / Ministre de l'Éducation Minister of Community and Social Services / Ministre des Services sociaux et communautaires
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Leal, Hon. / L'hon. Jeff (LIB)	Peterborough	
Levac, Hon. / L'hon. Dave (LIB) MacCharles, Hon. / L'hon. Tracy (LIB)	Brant Pickering–Scarborough East / Pickering–Scarborough-Est	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales Minister Responsible for Small Business / Ministre responsable des Petites Entreprises Speaker / Président de l'Assemblée législative
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Walker, Bill (PC)	Bruce–Grey–Owen Sound	
Wilson, Jim (PC)	Simcoe–Grey	
Wong, Soo (LIB)	Scarborough–Agincourt	Opposition House Leader / Leader parlementaire de l'opposition officielle
Wynne, Hon. / L'hon. Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	Deputy Speaker / Vice-présidente Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Première ministre Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario
Yakabuski, John (PC)	Renfrew–Nipissing–Pembroke	
Yurek, Jeff (PC)	Elgin–Middlesex–London	
Zimmer, Hon. / L'hon. David (LIB)	Willowdale	Minister of Indigenous Relations and Reconciliation / Ministre des Relations avec les Autochtones et de la Réconciliation
Vacant	Bramalea–Gore–Malton	
Vacant	Toronto Centre / Toronto-Centre	

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Présidente: Cheri DiNovo
Vice-Chair / Vice-président: Michael Mantha
Mike Colle, Nathalie Des Rosiers
Cheri DiNovo, Michael Harris
Ann Hoggarth, Sophie Kiwala
Michael Mantha, Arthur Potts
Todd Smith
Committee Clerk / Greffier: Eric Rennie

Standing Committee on Finance and Economic Affairs / Comité permanent des finances et des affaires économiques

Chair / Présidente: Ann Hoggarth
Vice-Chair / Vice-président: Han Dong
Yvan Baker, Toby Barrett
Mike Colle, Han Dong
Victor Fedeli, Ann Hoggarth
Harinder Malhi, Cristina Martins
John Vanthof
Committee Clerk / Greffier: Eric Rennie

Standing Committee on General Government / Comité permanent des affaires gouvernementales

Chair / Président: Grant Crack
Vice-Chair / Vice-président: Granville Anderson
Granville Anderson, Yvan Baker
Grant Crack, John Fraser
Lisa Gretzky, Sam Oosterhoff
Lou Rinaldi, Lisa M. Thompson
Soo Wong
Committee Clerk / Greffière: Sylwia Przezdziecki

Standing Committee on Government Agencies / Comité permanent des organismes gouvernementaux

Chair / Présidente: Cristina Martins
Vice-Chair / Vice-présidente: Daiene Vernile
Granville Anderson, Lorenzo Berardinetti
James J. Bradley, Wayne Gates
Cristina Martins, Sam Oosterhoff
Randy Pettapiece, Shafiq Qaadri
Daiene Vernile
Committee Clerk / Greffière: Sylwia Przezdziecki

Standing Committee on Justice Policy / Comité permanent de la justice

Chair / Président: Shafiq Qaadri
Vice-Chair / Vice-président: Lorenzo Berardinetti
Lorenzo Berardinetti, Nathalie Des Rosiers
Amrit Mangat, Jim McDonell
Arthur Potts, Shafiq Qaadri
Ross Romano, Monique Taylor
Daiene Vernile
Committee Clerk / Greffier: Christopher Tyrell

Standing Committee on the Legislative Assembly / Comité permanent de l'Assemblée législative

Chair / Président: Monte McNaughton
Vice-Chair / Vice-présidente: Laurie Scott
Robert Bailey, James J. Bradley
Joe Dickson, Sophie Kiwala
Amrit Mangat, Michael Mantha
Monte McNaughton, Laurie Scott
Soo Wong
Committee Clerk / Greffier: William Short

Standing Committee on Public Accounts / Comité permanent des comptes publics

Chair / Président: Ernie Hardeman
Vice-Chair / Vice-présidente: Lisa MacLeod
Bob Delaney, Vic Dhillon
Han Dong, John Fraser
Ernie Hardeman, Percy Hatfield
Randy Hillier, Monte Kwinter
Lisa MacLeod
Committee Clerk / Greffier: Katch Koch

Standing Committee on Regulations and Private Bills / Comité permanent des règlements et des projets de loi d'intérêt privé

Chair / Président: Ted McMeekin
Vice-Chair / Vice-président: Lou Rinaldi
Granville Anderson, James J. Bradley
Grant Crack, Jennifer K. French
Jack McLaren, Ted McMeekin
Lou Rinaldi, Mario Sergio
Daiene Vernile, Bill Walker
Committee Clerk / Greffier: Christopher Tyrell

Standing Committee on Social Policy / Comité permanent de la politique sociale

Chair / Président: Peter Tabuns
Vice-Chair / Vice-présidente: Monique Taylor
Lorne Coe, Bob Delaney
Vic Dhillon, Joe Dickson
Harinder Malhi, Gila Martow
Ted McMeekin, Peter Tabuns
Monique Taylor
Committee Clerk / Greffière: Jocelyn McCauley